

L17000057768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

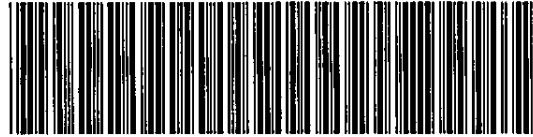
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2014

STANLEY WIRTHEN CPA
98 CUTTER MILL RD STE 356
GREAT NECK, NY 11021

SUBJECT: PARROT COFFEE LLC
Ref. Number: L13000057768

We have received your document for PARROT COFFEE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00001030

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARROTT COFFEE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STANLEY P. WIRTHEIM, CPA
Name of Person

STANLEY P. WIRTHEIM CPA
Firm/Company

98 CUTTER MILL RD STE 356
Address

GREAT NECK NY 11021
City/State and Zip Code

Stan@wirtheimcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley Wirthheim at (516) 773 6280
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PARDIT COFFEE LLC

2. (a) Principal office address of limited liability company: 1917 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: c/o ARAMIS BOUTIQUE
340 RT 9 NORTH
MANALAPAN NJ 07726
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 4/19/2013
4. Document number: L13000057768

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: INCORPORATING SERVICES LTD
Registered Office Address: 1540 GLENWAY DR
TALLAHASSEE FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: EDWARD BEIKIAN
NEW Registered Office Address: 1917 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
(**MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ARAMIS BEIKIAN
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00