

L13000065613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

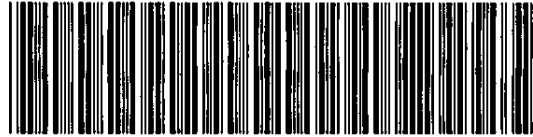
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMBROIDERY By Design, 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:

RAPHAEL A. AVILA
Name of Person

RALPH AVILA, CO.
Firm/Company

3954 NORTHLAKE BLVD.
Address

PAIM BEACH GARDENS, FL 33403
City/State and Zip Code

RALPH AVILA @ EMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAPHAEL A. AVILA at (305) 216-4808
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

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14 FEB 10 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2013

RAPHAEL A. AVILA
EMBROIDERY BY DESIGN, LLC
3954 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

SUBJECT: EMBROIDERY BY DESIGN, LLC
Ref. Number: L13000065613

We have received your document for EMBROIDERY BY DESIGN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I believe that you have completed the wrong application. On your cover letter you state the name is Embroidery by Design, LLC with document number L13000065613. However, on the actual application you have Ralph Avila Co. If this is truly a limited liability company filing you will need to complete the attached form.

CORRECTED APPLICATION ENCLOSED.

Please return 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 113A00028752

RECEIVED
14 FEB 10 AM 8:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: EMBROIDERY BY DESIGN, LLC
2. (a) Principal office address of limited liability company: 3954 NORTHLAKE BLVD
(Note: MUST BE STREET ADDRESS) PALM BEACH GARDENS, FL 33403
- (b) Mailing address of limited liability company: - SAME -
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 5-8-2013
4. Document number: L13000065613

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

RAPHAEL A. AVILA

Registered Office Address:

9646 WOLCOTT PL
WELLINGTON, FL 33414

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

RAPHAEL A. AVILA

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3954 NORTHLAKE BLVD.
PA
PALM BEACH GDS, FL 33403

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 of a member or authorized representative of a member

RAPHAEL A. AVILA

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00