

L13 0000 99528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

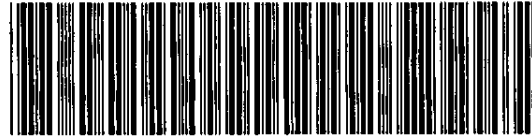
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300252744883

11/12/13--01005--005 **35.00

FILED
2013 DEC 10 PM 4:16
CLERK OF DISTRICT COURT
CLARK COUNTY FLORIDA

DEC 11 2013

CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2013

RAPHAEL AVILA
3954 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

SUBJECT: PRINTINGME, LLC
Ref. Number: L13000099528

We have received your document for PRINTINGME, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 813A00026617

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2013 DEC 10 PM 4: 17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRINTING ME, 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:

RALPH AVILA
Name of Person

RALPH AVILA, CO.
Firm/Company

3954 NORTHLAKE BLVD.
Address

PALM 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:

RALPH 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

2013 DEC 10 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: PRINTING ME LLC
2. (a) Principal office address of limited liability company: 3954 NORTH LAKE 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

4. Document number

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

Registered Agent:

RALPH 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:

RALPH AVILA

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3954 NORTH LAKE BLVD.
PALM BEACH GARDENS, 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

RALPH AVILA

Printed or typed name of signer

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