

L13000101106

Kendra Rhoulhac

(Requestor's Name)

7154 N. University Dr.

(Address)

#207

(Address)

Tamarac, FL 33321

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

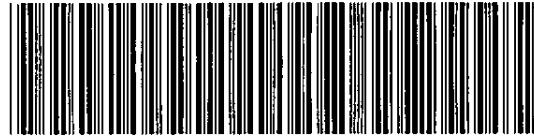
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/23/15--01012--014 **35.00

FILED
2015 JUL -6 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Cuffman JUL 6 2015

Rhoulhac Designs

7154 N University Dr.

Ste. 207

Tamarac, FL 33321

Phone: 754 281 7450

Attn:

Division of Corporations

P.O. BOX 6327

Tallahassee, Florida 32314

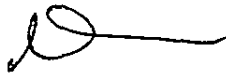
Date: 7.1.15

To Whom It May Concern,

Please refund me the over payment in the amount of \$10.00. I accidentally filed the wrong form earlier.

THANK YOU,

KENDRA RHOUHAC





FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2015

KENDRA RHOULHAC
7154 N. UNIVERSITY DRIVE #207
TAMARAC, FL 33321

SUBJECT: RHOULHAC DESIGNS, LLC
Ref. Number: L13000101106

We have received your document for RHOULHAC DESIGNS, 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 615A00013293

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHOULHAC DESIGNS
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:

KENDRA RHOULHAC
Name of Person

RHOULHAC DESIGNS
Firm/Company

7154 N UNIVERSITY PR STE 207
Address

TAMARAC, FL 33321
City/State and Zip Code

KENDRA@RHOULHACDESIGNS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENDRA RHOULHAC at (754) 281 7450
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

ALREADY
SUBMITTED

☐ \$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 605.0114 or 605.0116, 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: RHOULMAC DESIGNS, LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
7154 N UNIVERSITY DR 7154 N UNIVERSITY DR
STE 207 TAMARAC FL 33321 STE 207 TAMARAC FL 33321
7/1/15 L 13000101106
3. _____ 4. _____
Date of filing/registration in Florida Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAK COURT TAMPA, FL 33612
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____
- (b) RHOULMAC DESIGNS / KENDRA RHOULMAC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7154 N UNIVERSITY DR STE 207
NEW Registered Office Address:
TAMARAC, FL 33321
_____, FL _____

FILED
2015 JUL -6 PM 3:51
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

KENDRA RHOULMAC
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 605, 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