

L130000111686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

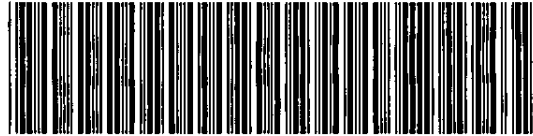
(Business Entity Name)

(Document Number)

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@ 5/13/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIRIN 2, 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:

JOHAN SKJELLERUP

Name of Person

EUROPEAN CONSULTING, LLC

Firm/Company

16312 BREABURN RIDGE TRAIL

Address

DELRAY BEACH, FLORIDA 33446

City/State and Zip Code

johan@designertag.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHAN SKJELLERUP

Name of Person

at (561)

381 - 0544

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: ALREADY PAID

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2014

JOHAN SKJELLERUP
16312 BRAEBURN RIDGE TRAIL
DELRAY BEACH, FL 33446

SUBJECT: EIRIN 2, LLC
Ref. Number: L13000111686

We have received your document for EIRIN 2, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 914A00009020

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: EIRIN 2, LLC

2. (a) 16312 BRAEBURN RIDGE TRAIL (b) 16312 BRAEBURN RIDGE TRAIL

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

DELRAY BEACH, FLORIDA 33446

DELRAY BEACH, FLORIDA 33446

3. August 7th, 2013 4. L13000111686
Date of filing/registration in Florida Document number

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

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) EUROPEAN CONSULTING, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

16312 BRAEBURN RIDGE TRAIL

NEW Registered Office Address:

DELRAY BEACH, FL 33446

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.

E. Skjellerup
Signature of a member or authorized representative of a member

EIRIN SKJELLERUP
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 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]
Signature of Registered Agent

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