

L13000114797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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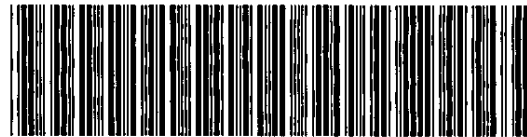
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 JUN 30 AM 9:18

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JUL 02 2014

T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHE SHE LINGERIE
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:

ZOFIA AGEE

Name of Person

SHE SHE LINGERIE LLC

Firm/Company

10115 MIMOSA SILK DR

Address

FORT MYERS FL 33913

City/State and Zip Code

ZOFIA.SHESHE@GMAIL.COM

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

For further information concerning this matter, please call:

ZOFIA AGEE

Name of Person

at (501) 658 4793

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 JUN 23 PM 12:26

June 12, 2014

ZOFIA AGEE
SHE SHE LINGERIE, LLC
10115 MIMOSA SILK DR
FORT MYERS, FL 33913 US

SUBJECT: SHE SHE LINGERIE, LLC
Ref. Number: L13000114797

We have received ⁺²⁰ your document for SHE SHE LINGERIE, 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):

The above listed entity is a Florida Limited Liability Company but the document submitted is for a Florida Corporation. The correct document is 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.

Tina D Carter
Regulatory Specialist

Letter Number: 814A00012771

**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: SHE SHE LINGERIE LLC

2. (a) 10115 MIMOSA SILK DR

Principal office address of limited liability company:

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

FORT MYERS

FL 33913

8/14/2013

3. Date of filing/registration in Florida

(b) 10115 MIMOSA SILK DR

Mailing address of limited liability company:

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

FORT MYERS

FL 33913

L13000114797

4. 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, TALLAHASSEE FL 32301

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) ZOFIA AGEE

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

10115 MIMOSA SILK DR

NEW Registered Office Address:

FORT MYERS, FL 33913

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.

Zofia Agee

Signature of a member or authorized representative of a member

ZOFIA AGEE

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.

Zofia Agee

Signature of Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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