

L13000144819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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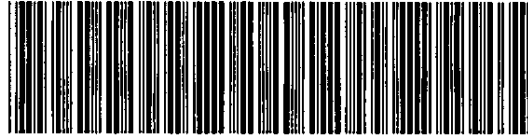
(Business Entity Name)

(Document Number)

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2015 SEP 28 PM 5:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 30 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2805 hiawatha ave 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:

**PATRICK & MARIE DESIRE**

\_\_\_\_\_  
Name of Person

**2805 HIAWATHA AVE LLC**

\_\_\_\_\_  
Firm/Company

**6684 HANNAH COVE**

\_\_\_\_\_  
Address

**WEST PALM BEACH ,FL 33411**

\_\_\_\_\_  
City/State and Zip Code

**laposte971@yahoo.com**

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

For further information concerning this matter, please call:

**PATRICK DESIRE**

\_\_\_\_\_  
at ( 561 )

**358-1313 ANY TIME**

\_\_\_\_\_  
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

**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: 2805 HIAWATHA AVE LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

2805 HIAWATHA AVE

WEST PALM BEACH, FL 33409

Mailing address of limited liability company:

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

6684 HANNAH COVE

WEST PALM BEACH, FL 33411

10-14-2013

L13000144819

3. Date of filing/registration in Florida

4. Document number

5. (a) law office of pierre st jean

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4524 GUN CLUB RD SUITE 104

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH, FL 33415

(b) PATRICK & MARIE YANICK DESIRE

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

6684 HANNAH COVE

NEW Registered Office Address:

WEST PALM BEACH, FL 33411

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2015 SEP 28 PM 5:01  
CLERK 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.

Patrick Desire  
Signature of a member or authorized representative of a member

patrick & marie yanick desire

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.*

Patrick Desire  
Signature of Registered Agent