

L13000/47672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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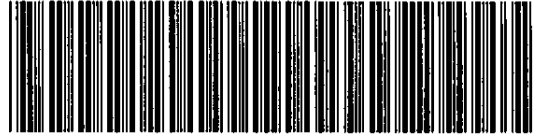
(Business Entity Name)

(Document Number)

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2014 MAR -5 AM 11:29
CLERK OF STATE
TALLAHASSEE FLORIDA

MAR 06 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2014

ALEXANDRA SAMPEDRO
15761 SW 99 ST
MIAMI, FL 33196

SUBJECT: DANDELION GROUP, LLC
Ref. Number: L13000147672

We have received your document for DANDELION GROUP, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 414A00003933

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dandelion Group 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:

Alexandra Sampedro

Name of Person

Dandelion Group LLC

Firm/Company

15761 SW 99 st.

Address

Miami, FL 33196

City/State and Zip Code

dandeliongroupllc@gmail.com

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

For further information concerning this matter, please call:

Alexandra Sampedro at (305) 992 3184

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

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TALLAHASSEE, FLORIDA
CLERK OF COURT

Pursuant to the provisions of sections 605.0114, 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.

- February 17, 2014

- Alexandra Sampedro

473 Mendoza Avenue Apt 4
Coral Gables, Fl 33134

- Alexandra Sampedro

15761 SW 99 ST

Miami FL 33196

Signature of a member or authorized representative of a member

Alexandra Sampedro

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

FILING FEE: \$25.00