

L13000149002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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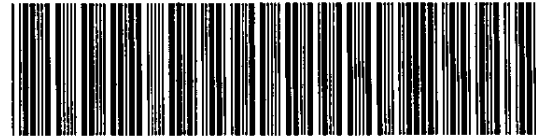
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 14 AM 10:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

AUG 16 2017

**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: The Signature Look, LLC

2. (a) 5227 4th Ave Cir. E (b) 7417 Vista Way Unit 204

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Bradenton, FL 34208

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Bradenton, FL 34202

12/17/2015

L15000203407

3. Date of filing/registration in Florida 4. Document number

5. (a) Luis G. Cruz CEO

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

7417 Vista Way

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Unit 204

Bradenton, FL 34202

(b) Astrid D. Cruz COO

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

7417 Vista Way

NEW Registered Office Address:

Unit 204

Bradenton, FL 34202

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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]
Signature of a member or authorized representative of a member

Luis Cruz
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]
Signature of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHUB PARTNERS LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAMES BUNNELL

(Contact Person)

IHUB PARTNERS LLC

(Firm/Company)

6321 DANIELS PARKWAY STE 200

(Address)

FORT MYERS, FL 33912

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES BUNNELL

(Name of Contact Person)

at 239 936-3089

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IHUB PARTNERS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000149002

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/01/2017

4. I, JAMES BUNNELL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA