

L13000151915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

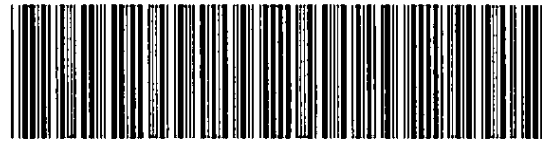
(Document Number)

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TALIA ROSER, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CEM PARTNERS 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:

CEDRIC GEFROY

Name of Person

JEMUM LLC

Firm/Company

1800 CORAL WAY, #451223

Address

MIAMI FL 33145

City/State and Zip Code

CEM@CEMPARTNERS.COM

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

For further information concerning this matter, please call:

CEDRIC

Name of Person

at ( 786 ) 554 0872

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2022

CEDRIC GEFFROY  
1800 CORAL WAY #451223  
MIAMI, FL 33145

SUBJECT: CEM PARTNERS LLC  
Ref. Number: L13000151915

We have received your document for CEM PARTNERS 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 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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 722A00008307

**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: CEM PARTNERS LLC

2. (a) 1800 CORAL WAY (b) 1800 CORAL WAY

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

#451223

#451223

MIAMI, FL 33145

MIAMI FL 33145

3. 10-29-2013 Date of filing/registration in Florida 4. L13000151915 Document number

5. (a) ERIC PETIT  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2150 CORAL WAY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 7B

MIAMI, FL 33145

(b) JEMUM LLC

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

1800 CORAL WAY

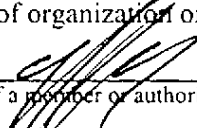
NEW Registered Office Address:

#451223

MIAMI, FL 33145

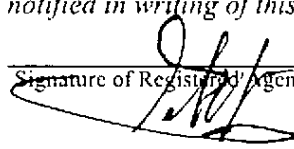
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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 of a member or authorized representative of a member

CEDRIC GEFROY  
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 of Registered Agent

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