

L14000013167

(Requestor's Name)

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OCT 07 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Di Flowers 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:

Ignacio Martinez
Name of Person

Di Flowers LLC
Firm/Company

1409 NW 84 Ave
Address

Doral FL 33126
City/State and Zip Code

Support@QualityLogisticsGroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ignacio Martinez at (786) 290-8640
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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14 SEP 23 PM 4:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 11, 2014

IGNCIA ALATREZ
DI FLOWERS LLC
1409 NW 84 AVENUE
DORAL, FL 33126 US

SUBJECT: DI FLOWERS LLC
Ref. Number: L14000013167

We have received your document for DI FLOWERS 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 form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 714A00019479

**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: DI Flowers, LLC

2. (a) 1409 NW 84 Ave (b) _____

Principal office address of limited liability company:

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

Doral, FL 33126

Mailing address of limited liability company:

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

3. 01/29/2014 Date of filing/registration in Florida 4. L 14000013167 Document number

5. (a) Juan D Bernal
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1409 NW 84 Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Doral, FL 33126
_____ FL _____

(b) Graciela Martinez
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1409 NW 84 Ave
NEW Registered Office Address:

Doral FL 33126

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

Juan David Bernal
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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