

L14000018397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Ra Chang

NOV 05 2015

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: City Bridal Hair 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:

Megan Grunow
Name of Person

City Bridal Hair LLC
Firm/Company

P.O. Box 782368
Address

Orlando FL 32878
City/State and Zip Code

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

For further information concerning this matter, please call:

Megan Grunow at (407) 431-5339
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2015

MEGAN GRUNOW
CITY BRIDAL HAIR LLC
P.O. BOX 782368
ORLANDO, FL 32878

SUBJECT: CITY BRIDAL HAIR LLC
Ref. Number: L14000018397

We have received your document for CITY BRIDAL HAIR 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):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 915A00006204

RECEIVED
NOV -5 AM 11:25

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: City Bridal Hair

2. (a) 4409 N Alafaya trail

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

ORL FL 32826
#264

(b) 8909 LEE VISTA Blvd

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

#2906
ORL FL 32829

8/3/2014

3. Date of filing/registration in Florida

L74000018397

4. Document number

5. (a) Lissette Cruz

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

8909 LEE VISTA BLVD #2906 ORL FL 32829
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8909 LEE VISTA BLVD #2906
ORL FL 32829

(b) Megan Grunow

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

[REDACTED]
NEW Registered Office Address:

101 Privado Ct
Winter Springs

[REDACTED] FL [REDACTED] 32708

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

Lissette Cruz
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]
Signature of Registered Agent

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TALLAHASSEE, FLORIDA