

L140000019191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF TEXAS
DIVISION OF CORPORATIONS

C. LEWIS
Sept 8, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2014

PATRICIA ADKINS / ALLURE PROPERTIES & INVESTMENTS LLC
19759 DINNER KEY DRIVE
BOCA RATON, FL 33498 US

SUBJECT: ALLURE PROPERTIES AND INVESTMENTS LLC
Ref. Number: L14000019191

We have received your document for ALLURE PROPERTIES AND INVESTMENTS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resigning agent must sign the resignation of 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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 114A00017687

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLURE PROPERTIES AND INVESTMENTS
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:

PATRICIA ADKINS
Name of Person

ALLURE PROPERTIES AND INVESTMENTS
Firm/Company

19759 DINWIDDIE KEY DR
Address

BOCA RATON, FL 33498
City/State and Zip Code

ALLUREPANDI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA ADKINS at (919) 623-1103
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

* FL DEPT OF STATE ALREADY HAS
A CHECK FOR \$85.00

**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: ALLURE PROPERTIES AND INVESTMENTS
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
19759 DINNER KEY DR 19759 DINNER KEY DR
BOCA RATON, FL 33498 BOCA RATON, FL 33498
3. 2/4/14 4. L14000019191
Date of filing/registration in Florida Document number
5. (a) ~~THE COMPANY CORPORATION~~ CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~2711 CENTREVILLE ROAD~~ 1201 HAYS STREET
TALLAHASSEE, FL _____

- (b) PATRICIA ADKINS
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

19759 DINNER KEY DR
BOCA RATON, FL _____

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

Patricia Adkins
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

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