## 114000028046

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2018

YAJAIRA GOMEZ 10261 STIRLING RD COOPER CITY, FL 33328

SUBJECT: JY REAL DREAMS28, LLC

Ref. Number: L14000028046

We have received your document for JY REAL DREAMS28, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

I certify from the records of this office that JY REAL DREAMS28, LLC is a Florida limited partnership authorized to transact business in the State of Florida, filed on February 19, 2014.

The document number of this limited partnership is L14000028046.

I further certify that said limited partnership filed a Notice of Cancellation on March 10, 2014.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 218A00009291

## COVER LETTER ,

Division of Corporations									
JY REAL DREAMS28, LLC									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing	ng.							
Please return all correspondence concerning this	matter to the following:								
YAJAIRA GOMEZ									
Name of Person		218							
JY REAL DREAMS28, LLC									
Firm/Company	<del></del>	2							
10261 STIRLING RD		7 · .√ رپ							
Address		م برد الما							
COOPER CITY, FL 33328									
City/State and Zip Code									
YAJE62@HOTMAIL.COM									
E-mail address: (to be used for future annua	al report notification)								
For further information concerning this matter, p	lease call:								
YAJAIRA GOMEZ	954 673-4985								
Name of Person	Area Code & Daytime Te	lephone 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 a	mount:								
<b>2</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Co	рру							
INHS18 (2/14)									

## 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.

()		(t	o)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  10261 STIRLING RD.			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		10261 STIRLING RD.				
	COOPER CITY, FL 33328		COOPER	R CITY, FL 33	328 	
	02/19/2014		L1400002	8046		
	Date of filing/registration in Florida	— 4.		Document numb	ær	<del></del>
(a)						
(u,	Registered Agent and Registered Office shown on the records of FELICITY'S DELICATESSEN'S, LLC	the Florida	a Dept. of State:	: :	3144	× <del>- , - ,</del>
	Registered Office Address (MUST BE FLORIDA STREET	ADDALES				£ §
	9000 SHERIDAN ST. SUITE 138	ADDRESS	7	,	21	1
	PEMBROKE PINES F	33027			T	; ; <b>1</b>
	, FI	L			بې	کر , ۱۰
(b)					الي) <b>ور</b>	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:			
	YAJAIRA GOMEZ					
	NEW Registered Office Address:	-	<del></del>			
	10261 STIRLING RD.					
	COOPER CITY FI	33328				
e cha ent v as/we e arti	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age in of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I	f the regi iability co of the lin e limited	stered office ompany, it is nited liability liability comp	and the business hereby confirme company or as a pany.  Printed or typed na	s office of ed that the otherwise me of signe	the regist change(s provided

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

Signature of Registered Agent