

L14 0000 40945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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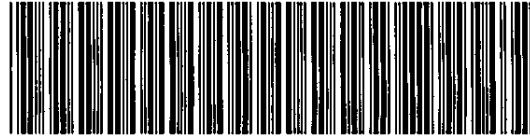
(Business Entity Name)

(Document Number)

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GRM  
10-14-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUINIMARI 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:

FANNY SUAREZ

Name of Person

QUINIMARI LLC

Firm/Company

15673 SW 52 Ct

Address

Miramar FL 33027

City/State and Zip Code

losrincon1@hotmail.com

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

For further information concerning this matter, please call:

German Rincón M

Name of Person

at ( 954 ) 5897461

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

**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: QUINIMARI LLC

2. (a) 5071sw 161A Miramar FL 33027

Principal office address of limited liability company:

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

(b) 15673sw 52d Miramar FL 33027

Mailing address of limited liability company:

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

3. 03/11/2014  
Date of filing/registration in Florida

4. L14000040945  
Document number

5. (a)

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

Suarez Fanny

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

15653 sw 52d

Miramar

FL 33027

(b)

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

Suarez Fanny

**NEW Registered Office Address:**

15673 sw 52d

Miramar

FL 33027

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

Fanny M Suarez  
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**

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SECRETARY OF STATE