

L1400055977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

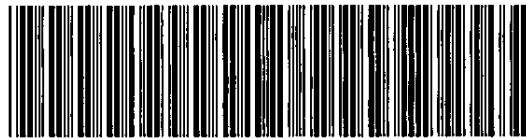
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16 JAN 19 PM 4:33

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 07 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2016

NATALIYA RUSA
2346 INDIAN KEY DRIVE
HOLIDAY, FL 34691

SUBJECT: LIBRA APPS LLC.
Ref. Number: L14000055977

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TALLAHASSEE, FLORIDA
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We have received your document for LIBRA APPS 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00001496

RECEIVED
2016 FEB 26 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIBRA APPS LC.

www.libra-apps.com

Eduard Rusu

3013 Northfield Dr

Tarpon Springs, FL 34688

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JAN 19 PM 4:33

To whom it may concern,

The LIBRA APPS LLC. would like to inform that our registration address should be changed from

2346 Indian Key Dr, Holiday FL 34691 to **3013 Northfield Dr. Tarpon Springs, FL 34688.**

Please let me know if you need additional information.

Sincerely,



Nataliya Rusu

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBRA APPS 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:

Nataliya Rusu
Name of Person

LIBRA APPS LLC.
Firm/Company

3013 Northfield Dr
Address

Tarpon Springs, FL 34688
City/State and Zip Code

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

For further information concerning this matter, please call:

Nataliya Rusu at (727) 458 3764
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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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: LIBRA APPS LLC
2. (a) 3013 Northfield Dr (b) 3013 Northfield Dr
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Tarpon Springs, FL 34688 Tarpon Springs, FL 34688

3. April 4, 2014 4. L14000055977
Date of filing/registration in Florida Document number

5. (a) Nataliya Ruso
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3013 Northfield Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tarpon Springs, FL 34688
_____, FL _____

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TALLAHASSEE, FLORIDA
16 JAN 19 PM 4:33

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

Nataliya Ruso
NEW Registered Office Address:
3013 Northfield Dr
Tarpon Springs, FL 34688

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

02/23/16
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