

L14000086732

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

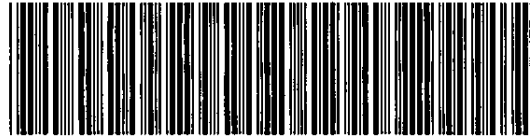
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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K. SALLY  
EXAMINER  
NOV 16 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 NOV 12 PM 12:26  
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TALLAHASSEE, FLORIDA

October 15, 2015

TRADEMARKERS LLC  
MICHAEL GLEISSNER  
1455 OCEAN DR, STE. 602  
MIAMI BEACH, FL 33139

SUBJECT: TRADEMARKERS LLC  
Ref. Number: L14000086732

We have received your document for TRADEMARKERS 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):

The registered agent must sign accepting the designation.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 515A00021913

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRADEMARKERS 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:

MICHAEL GLEISSNER

Name of Person

TRADEMARKERS LLC

Firm/Company

1455 OCEAN DRIVE, SUITE 602

Address

Miami Beach, FL 33139

City/State and Zip Code

mg@michaelgleissner.com

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

For further information concerning this matter, please call:

MICHAEL GLEISSNER at ( 212 ) 796-4300

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

**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: TRADEMARKERS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1455 OCEAN DRIVE, SUITE 602

Miami Beach, FL 33139

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1455 OCEAN DRIVE, SUITE 602

Miami Beach, FL 33139

MAY 29, 2014

L-14000086732

3. \_\_\_\_\_  
Date of filing/registration in Florida

4. \_\_\_\_\_  
Document number

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

INCorp SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

MICHAEL GLEISSNER

NEW Registered Office Address:

1455 OCEAN DRIVE, SUITE 602

MIAMI BEACH, FL 33139

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 of a member or authorized representative of a member

IVAN SEEVENS

\_\_\_\_\_  
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 of Registered Agent

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

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2015 NOV 12 PM 5:34  
TALLAHASSEE, FLORIDA  
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