

L14000104638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

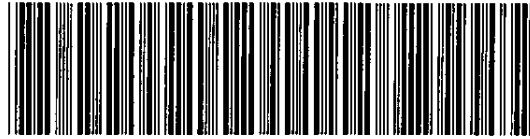
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[Signature] 10/13/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

LIUPIERRE, LLC
ATTN: GLENRICK SAMUELS
90 SW 3RD ST, UNIT 1607
MIAMI, FL 33130

SUBJECT: LIUPIERRE, LLC
Ref. Number: L14000106638

We have received your document for LIUPIERRE, 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):

A change of registered agent/office form for a limited liability company must comply with sections 605.0114 or 605.0116, Florida Statutes. We are enclosing the proper form 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 015A00018730

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liu Pierre, 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:

Glenrick Samuels

Name of Person

LIU PIERRE, LLC

Firm/Company

90 SW 3RD ST #1607

Address

MIAMI FL 33130

City/State and Zip Code

liupierre11c@gmail.com

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

For further information concerning this matter, please call:

Glenrick Samuels

Name of Person

at (346) 258-5631

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: LinPierre, LLC

2. (a) 90 SW 3RD ST #1607 (b) 90 SW 3RD ST #1607

Principal office address of limited liability company:

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

MIAMI, FL 33130

Mailing address of limited liability company:

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

MIAMI, FL 33130

3. 07/07/2014
Date of filing/registration in Florida

4. L14000106638
Document number

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

90 SW 3RD ST #1711

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33130

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

NEW Registered Office Address:

90 SW 3RD ST #1607

MIAMI, FL 33130

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.

Glennick Samuels
Signature of a member or authorized representative of a member

Glennick Samuels
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.

Glennick Samuels
Signature of Registered Agent

FILED
15 OCT -8 PM 2:23
CLERK OF THE CIRCUIT COURT
JANICE M. BROWN, CLERK
TALLAHASSEE, FLORIDA