

L/4000107059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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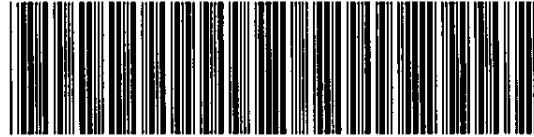
(Business Entity Name)

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DIVISION OF CORPORATIONS
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N. CAUSSEUX

JUN 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7 POWERS 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:

NIDIA E MARTIN

Name of Person

7 POWERS LLC

Firm/Company

556 BUCKLAND ROAD

Address

GRASSY CREEK, NC 28631

City/State and Zip Code

LLLALWAYS@AOL.COM

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

For further information concerning this matter, please call:

NIDIA E MARTIN

954

445-3483

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2017

NIDIA E. MARTIN
7 POWERS LLC
556 BUCKLAND ROAD
GRASSY CREEK, NC 28631

SUBJECT: 7 POWERS LLC
Ref. Number: L14000107059

We have received your document for 7 POWERS 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 document must be signed by a member or an authorized representative of a member.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 717A00011683

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: 7 POWERS LLC

2. (a) ANDRES N DOMINGUEZ & NIDIA E MARTIN (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

15605 SW 293 TERRACE

HOMESTEAD, FL 33033

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

556 BUCKLAND ROAD

GRASSY CREEK, NC 28631

JULY 7th, 2014

L14000107059

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:

NIDIA E MARTIN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

19411 NW 7th STREET

PEMBROKE PINES, FL 33029

(b) N/A

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

NEW Registered Office Address:

15605 SW 293 TERRACE

HOMESTEAD, FL 33033

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
2011 JUN 26 PM 12:18

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

NIDIA E MARTIN

Printed or typed name of signer

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