

L14000117573

(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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C.L.
2-10-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2015

CLARICE KOUMJIAN / MAJOLA LLC
1055 NW 164TH AVENUE
PEMBROKE PINES, FL 33028

SUBJECT: MAJOLA LLC
Ref. Number: L14000117573

We have received your document for MAJOLA 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 115A00001599

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Majola 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:

Clarice Koumjian
Name of Person

Majola LLC
Firm/Company

1055 NW 164th Ave.
Address

Pembroke Pns FL 33028
City/State and Zip Code

ckdynamic@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarice Koumjian at (954) 647-6903
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

15 FEB -9 PM 1:57

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: MAJOLA LLC L14000117573

2. (a) 1055 NW 164th Ave (b) _____
Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

Pembroke Pines FL 33028
Clarice Koumjian

1-1-2014

L14000117573

3. Date of filing/registration in Florida 4. Document number

5. (a) Corporate Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Office Address:

1055 NW 164th Ave
Pembroke Pines FL 33028

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.

Clarice Koumjian
Signature of a member or authorized representative of a member

Clarice Koumjian
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]
Signature of Registered Agent

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

15 FEB -9 AM 11:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS