

L14000/30256

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carolyn Laurie, LLC.
Name of Corporation

DOCUMENT NUMBER: L14000130256

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen L. Riemer

Name of Contact Person

Carolyn Laurie, LLC.

Firm/Company

PO Box 250

Address

Hallandale, FL 33008-0250

City/State and Zip Code

mrodriguez@riemerinsurance.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Maria Rodriguez

Name of Contact Person

at (954) 454-3145

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2014

STEPHEN L RIEMER
CAROLYN LAURIE, LLC
PO BOX 250
HALLANDALE, FL 33008-0250

SUBJECT: CAROLYN LAURIE, LLC
Ref. Number: L14000130256

We have received your document for CAROLYN LAURIE, 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 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 014A00023702

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Carolyn Laurie, LLC.
2. The principal office address: 217 E. Hallandale Beach Blvd., Hallandale, FL 33009
3. The mailing address (if different): PO Box 250, Hallandale, FL 33003-0250
4. Date of incorporation/qualification: 08/19/2014 Document number: L14000130256
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Abbott, Eliot C.

2525 Ponce De Leon Blvd., 4th Floor

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephen L. Riemer, Managing Member

Carolyn Laurie, LLC.

P.O. Box NOT acceptable

217 E. Hallandale Beach Blvd., Hallandale, FL 33009

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Stephen L. Riemer, Managing Member

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11/15/14

Date

If signing on behalf of an entity:

STEPHEN L. RIERER

Typed or Printed Name

***** FILING FEE: \$35.00 *****

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