L14000130339

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE STATE SECRETARY OF STATE STATE SECRETARIONS

C. Lewis 7-14



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2014

FERNANDO IMPERATORI / FIRMUM, LLC 100 JEFFERSON AVE #2R BROOKLYN, NY 11261 US

SUBJECT: FIRMUM, LLC Ref. Number: L14000130339

We have received your document for FIRMUM, 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).

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 114A00022087

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	FIRMUM	LLC		
· ·		Name of Limited Lia	bility Company	
Dear Sir or Ma	dam:			
The enclosed R	Registered Agent/Register	red Office Change and f	ee(s) are submitted for filing.	
Please return al	ll correspondence concer	ning this matter to the f	ollowing:	
FERN	ANDO IMPE	RATORI		
<u> </u>	Name of Person	ı	_	
FIR	MUM LLC			
	Firm/Company		_	
100 Ja	efferson Av	e. #2R		
•	Address			
BROOM	CLYN, NY City/State and Zip	11216		
fernar E-mail ac	ndo Offirm ddress: (to be used for fut	ure annual report notifi	7 cation)	
For further info	ormation concerning this	matter, please call:		
FERNA	NDO IMPER	470N 305	9898133	
	Name of Person	at (Area Code & Daytime Telephone Number	
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRE ration Section on of Corporations in Building Executive Center Circle assee, Florida 32301	Reg Div P.C	dilling ADDRESS: gistration Section gision of Corporations b. Box 6327 lahassee, Florida 32314	
Enclos	Enclosed is a check for the following amount:			
□ \$25	Filing Fee	□ \$5	5 Filing Fee & Certified Copy	
INHS18 (2/14)				

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.

Name of the limited liability company: FIRA	YUM LLC		
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) HIAMI, FL 33165	y: (b) 100	O JEFFERSON A Mailing address of limited liab (Note: MAY BE POST OF OOKLY W, NY	oility company: FFICE BOX)
08 / 20 / 2014 Date of filing/registration in Florida	L1'	4000130339	1
Date of filling/registration in Florida GERRI DETWEILER Registered Agent and Registered Office shown on the recordance of the Address (MUST BE FLORIDA STRENGE SANA SOTA, FL 342) (b) JOSE ALEJAWDRO RESISTER OF THE PROPERTY OF THE ADDROSE OF THE	NE REET ADDRESS) 232 _, FL_3432 ICHTER stered Office address:		SECRETARY OF STATE
If the limited liability company is not organized under the change or changes are made, the Florida street address agent will be identical. Or in the case of a Florida limit was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and the obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change. Signature of Registered Agent	ess of the registered offited liability company, it bers of the limited liability company control of the limited liability control of the liability control	Florida, it is hereby confirming and the business office to is hereby confirmed that lity company or as otherwisompany. JANDO LAPERA Printed or typed name of signature.	e of the registered the change(s) ise provided in 470RJ gnee