

L17000163578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200277697422

10/08/15--01006--023 \*\*35.00

FILED  
15 NOV 12 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 13 2015  
J SHIVERS

22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2015

MALIMPENSA  
819 SPRING PARK LOOP  
CELEBRATION, FL 34747

SUBJECT: MALIMPENSA LLC  
Ref. Number: L14000163539

We have received your document for MALIMPENSA 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):

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

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 715A00021742

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: malimpensa LLC  
Name of Corporation

DOCUMENT NUMBER: L14000163539

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:

Juviane Ricci malimpensa  
Name of Contact Person

malimpensa LLC  
Firm/Company

501 mirasol circle , # 519  
Address

celebration, FL 34747  
City/State and Zip Code

Viviane Ricci @ icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viviane Ricci malimpensa at (407) 256 5828  
Name of Contact Person 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

**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: Mali mpensa LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

819 Spring Park Loop  
34747 Celebration FL

Mailing address of limited liability company:

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

\_\_\_\_\_

3. 10/20/2014 Date of filing/registration in Florida 4. 32-0451663 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8810 Commodity Circle #8  
Orlando, FL 32819

(b) Giuviane Ricci Malimpensa

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

**NEW** Registered Office Address:

501 mirasol Circle  
Celebration, FL 34747

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.

Giuviane Ricci Malimpensa  
Signature of a member or authorized representative of a member

VIVIANE RICCI MALIMPENSA  
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.

Giuviane Ricci Malimpensa  
Signature of Registered Agent

FILED  
15 NOV 12 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA