## 214000179211

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600289349786

08/2S/16--01007--016 \*\*3S.00



NOV 0 7 2016

Y SULLY



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2016

SUSAN KARSEVER 2494 BIANDING BLVD #7 MIDDLEBURG, FL 32068

SUBJECT: THE TRIM GROUP LLC

Ref. Number: L14000179211

We have received your document for THE TRIM GROUP 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 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.

Letter Number: 516A00018248

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Registration Section

TO:

Division of Corporations		
SUBJECT: The TRim Land Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
SUSAN KANSEVER Name of Person	<del>-</del>	
THE TRIM GROUP LL	<u></u>	
125 B00T3 RD / Address	<del></del>	
MELROSE F 320 City/State and Zip Code	<u> </u>	
& VALLER Co Bank 1 Co	t Im	
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
SUSAN KARSEVER at	Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Numbe	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, rionaa 32314	
Enclosed is a check for the following amo	ount:	
□ \$25 Filing Fee	□ \$55 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.

(a) 24 Alpburg	Principal office address of lir (Note: MUST BE STI	BIVO: #7  nited liability company:  EET ADDRESS)	(b) <u>195</u>	Books A. Mailing address of li (Note: MAY BE	MELRUSE F13 mited liability company: POST OFFICE BOX)
,		#7	<u></u>		
<u></u>	-	tion in Florida		1400017	9211
(a) <b>K</b>		tion in Florida 135 Boots RO			
Registe	ered Agent and Registered Off	ice shown on the records of the	Florida Dept. of Sta	te:	
Registe	ered Office Address (MUS	T BE FLORIDA STREET ADI	DRESS)	_	
12	5 BOOTS RI			<b></b>	
	· · · · · · · · · · · · · · · · · · ·	, FL	32116	_	
(b) Au	1 Lin Kurs eV name of <u>NEW Registered Ag</u>	ent and/or <u>NEW Registered Of</u>	fice address:	_	NOV
12	5 Boots RU	MEIROSE F		_	SEE FE
<u>NEW</u>	Registered Office Address:				SIAP
the limited	liability company is not	organized under the laws lorida street address of the	of the State of F	lorida, it is hereby	y confirmed that after
gent will be as/were autl	identical. Or, in the cas horized by an affirmative	e of a Florida limited liabile vote of the members of the rating agreement of the lin	lity company, it ne limited liabili	is hereby confirm ty company or as	ned that the change(s)
//	,	5 5			

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