

L15000096515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

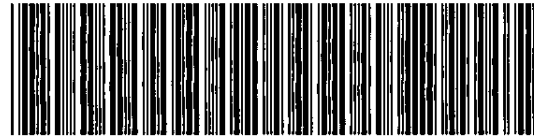
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TALLAHASSEE, FLORIDA
17 JAN 10 PM 2:19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2017

BERENICE RING & RONALDO GOTTHILF
BOSSA NOVA LLC
217 HENDRICKS ISLE
FORT LAUDERDALE, FL 33301

SUBJECT: BOSSA NOVA LLC
Ref. Number: L15000096515

We have received your document for BOSSA NOVA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A00000669

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SECRETARY OF
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSSA NOVA 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:

Berenice Ring

Name of Person

Firm/Company

217, Hendricks Isle - #402

Address

33301 - Fort Lauderdale. / FL

City/State and Zip Code

berenice@foxcomunicacao.com.br

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

For further information concerning this matter, please call:

Berenice Ring

Name of Person

at (_____) _____

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

INHS18 (2/14)

Fee already paid - see emails attached.

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TALLAHASSEE, FLORIDA

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**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.

BOSSA NOVA LLC

1. Name of the limited liability company: _____
217, Hendricks Isle #402 - 33301 - FL

2. (a) _____ (b) same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

June 3, 2015

L15000096515

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

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND RD

PLANTATION, FL 33324

Berenice Ring

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

217, Hendricks Isle #402

NEW Registered Office Address:

Fort Lauderdale

_____, FL 33301

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.

Signature of a member or authorized representative of a member

BERENICE RING
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 of Registered Agent

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

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TALLAHASSEE, FLORIDA
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