

L15000114490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

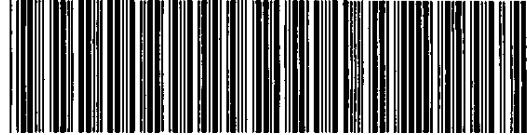
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700289872567

09/14/16--01006--003 **35.00

FILED
16 SEP 28 PM 3:19
CLERK OF SUPERIOR COURT

SEP 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beautiful Blinds & Designs
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:

Kimberly Weaver
Name of Person

Beautiful Blinds & Designs
Firm/Company

9160 S. McCall Rd.
Address

Englewood, FL 34223
City/State and Zip Code

Beautiful Blinds and Designs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Weaver
Name of Person

at (941) 539.0530

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

KIMBERLY WEAVER
960 S MCCALL RD
ENGLEWOOD, FL 34223

SUBJECT: BEAUTIFUL BLINDS & DESIGNS, LLC
Ref. Number: L15000114490

2016 SEP 28 PM 4:34
TALLAHASSEE, FL 32301

We have received your document for BEAUTIFUL BLINDS & DESIGNS, 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 LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00020250

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
16 SEP 28 PM 3:19

**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: Beautiful Blinds & Designs, LLC

2. (a) _____

Principal office address of limited liability company:

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

960 S. McCall Rd.
Englewood Fl 34223
7/1/15

(b) _____

Mailing address of limited liability company:

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

960 S. McCall Rd.
Englewood Fl 34223
L15000114490

3. _____ Date of filing/registration in Florida

4. _____ Document number

5. (a) Kimberly Weaver

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13476 Dibella Ave
Port Charlotte, FL 34223

(b) _____


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

NEW Registered Office Address:

960 S. McCall Rd.
Englewood, FL 34223

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 28 PM 3:19

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

Kimberly Weaver
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.

Signature of Registered Agent