

LF000165979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JAN 22 P 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

VALARIE FITZGERALD
8928 SW BONNERVILLE DRIVE
STUART, FL 34997

SUBJECT: VENUES BY VALERIE LLC
Ref. Number: L15000165979

We have received your document for VENUES BY VALERIE 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00000811

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

VENUES By VALERIE

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:

Valerie Fitzgerald

Name of Person

VENUES By VALERIE

Firm/Company

8928 SW Bonaventure

Address

STUART FL 34997

City/State and Zip Code

VENUES by VALERIE @ yahoo.com

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

For further information concerning this matter, please call:

Valerie Fitzgerald at (112) 631-2297

Name of Person

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

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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.

1. Name of the limited liability company: VENUS BY VALERIE
2. (a) 8928 SW Bonneville Dr Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Shuart, FL 34997
1241 SE Indian St #104
- (b) 8928 SW Bonneville Drive Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Shuart, FL 34997
3. 9/30/15 Date of filing/registration in Florida
4. L15000165979 Document number
5. (a) Valerie Fitzgerald
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1241 SE Indian St #104
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Shuart, FL 34997
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
8928 SW Bonneville Drive
NEW Registered Office Address:
Shuart, FL 34997

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TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Valerie Fitzgerald
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]
Signature of Registered Agent