

L15000193782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

DEC 09 2021



2021 DEC -7 AM 8:09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2021

RICHARD DELISSER
PO BOX 9319
CORAL SPRINGS, FL 33075

SUBJECT: EJUICECONNECT.COM, LLC
Ref. Number: L15000193782

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

PLEASE CORRECT NAME OF ENTITY ON THE APPLICATION. NAME ON COVER LETTER AND NAME ON APPLICATION DOESN'T MATCH.

*duly corrected &
fee paid previously*

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00026295

530107

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EJUICECONNECTCOM, 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:

RICHARD DELISSER

Name of Person

Firm/Company

P.O. BOX 9319

Address

CORAL SPRINGS, FL 33075

City/State and Zip Code

Info@rmdholdingsllc.com

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

For further information concerning this matter, please call:

Richard Delisser

at (954) 281-8650

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: EJUICECONNECT.COM, LLC

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

221 N 44 STREET OAKLAND PARK, FL 33334

P.O. BOX 9319 CORAL SPRINGS, FL 33075

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) September 10, 2021

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

RICHARD DELISSER

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

221 NE 44 STREET,

OAKLAND PARK, FL 33334

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

MARK GOLDSTEIN

NEW Registered Office Address:

1835 NE MIAMI GARDENS DRIVE., SUITE 211,

MIAMI, FL 33179

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

Richard Delisser

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.

/s/ Mark Goldstein

Signature of Registered Agent

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

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TALLAHASSEE, FL