

L16000032042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

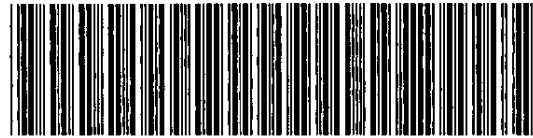
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n. BRUCE

APR 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2017

CLAUDIA CHRISPIM GIMENEZ
14309 WINDCHIME LN
ORLANDO, FL 32837

SUBJECT: GIMENEZ STAR SERVICES LLC
Ref. Number: L16000032042

We have received your document for GIMENEZ STAR SERVICES 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: 917A00001048

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIMENEZ STAR SERVICES 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:

CLAUDIA CHRISPIM GIMENEZ

Name of Person

GIMENEZ STAR SERVICES LLC

Firm/Company

14. 309 WINDCHIME LN

Address

ORLANDO/FL/ 32837

City/State and Zip Code

MARCELLO.GIMENEZ@GMAIL.COM

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

For further information concerning this matter, please call:

CLAUDIA C. GIMENEZ

Name of Person

at (407) 955-1992

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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SECRETARY OF STATE
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: GIMENEZ STAR SERVICES LLC
2. (a) 14309 WINDCHIME LN, ORLANDO/FL, 32837 (b) 14309 WINDCHIME LN, ORLANDO/FL, 32837
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. FEBRUARY, 2016 Date of filing/registration in Florida 4. L 16 00032042 Document number

5. (a) CHRISPIM GIMENEZ, CLAUDIA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5121 MARBELLA ISLE DR, ORLANDO/FL, 32837
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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

14309 WINDCHIME LN
NEW Registered Office Address:

ORLANDO, FL 32837

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

Printed or typed name of signee

CLAUDIA CHRISPIM GIMENEZ

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

2017 APR -3 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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