

LL60000 47592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

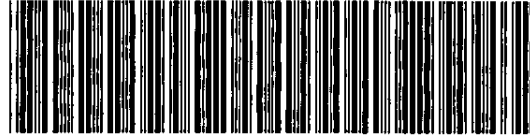
(Business Entity Name)

(Document Number)

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16 MAY 25 AM 11:51  
DEPARTMENT OF STATE  
EMBASSY OF FLORIDA

ny



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2016

BASSEM MATOUBSI  
4850 E BUSCH BLVD #E-3  
TAMPA, FL 33617

SUBJECT: TIERS 4 LESS, LLC  
Ref. Number: L16000047592

We have received your document for TIERS 4 LESS, 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 person listed in section 5(a) of the application does not match the Division of Corporations records. Please adjust section 5(a) to reflect the proper information.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 116A00007565

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIERS 4 Less, 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:

Bassem Matoubsi

Name of Person

TIERS 4 Less, LLC.

Firm/Company

4850 E. Busch Blvd # E3

Address

Tampa, FL 33617

City/State and Zip Code

Tiers4Less16@hotmail.com

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

For further information concerning this matter, please call:

Bassem Matoubsi

Name of Person

at ( 813 ) 447-8262

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

**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: Tiers 4 LessLLC

2. (a) 4850 E. Busch Blvd. (b) 4850 E. Busch Blvd

Principal office address of limited liability company:

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

Suite E

Tampa, FL 33617

Mailing address of limited liability company:

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

Suite E

Tampa, FL 33617

03/18/2016

L16000047592

3. Date of filing/registration in Florida

4. Document number

5. (a) DKEIDEK MOHAMED

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

4850 E. BUSCH BLVD. SUITE E3. TAMPA, FL 33617

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

4850 E. BUSCH BLVD. SUITE E3.

TAMPA, FL 33617

(b) BASSEM MATOUBSI

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

8012 FAWN RIDGE CIRCLE. TAMPA, FL 33610

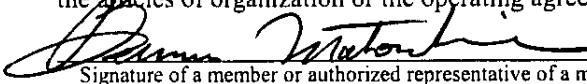
**NEW Registered Office Address:**

4850 E BUSCH BLVD. SUITE E.

TAMPA, FL 33617


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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 of a member or authorized representative of a member

Bassem Matoubi  
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