

L16000138159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

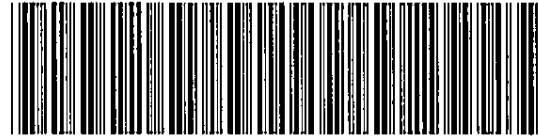
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 21 PM 2:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301

Wrong form

K. SALY

AUG 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2017

CUSTOM CARPENTRY SOLUTIONS USA LLC
RICHARD CARFAGNA JR.
7432 CHABLIS CT.
BOCA RATON, FL 33433

SUBJECT: CUSTOM CARPENTRY SOLUTIONS USA LLC
Ref. Number: L16000138159

We have received your document for CUSTOM CARPENTRY SOLUTIONS USA 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00014664

RECEIVED
2017 AUG 21 AM 10:21
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Carpentry Solutions USA
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 Carfagna Jr.
Name of Person

Custom Carpentry Solutions
Firm/Company

877 NE 195th St.
Address

Miami, FL 33179
City/State and Zip Code

richard@customcarpentrysolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Carfagna at ()
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

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: Custom Carpentry Solutions USA
2. (a) 877 NE 195th St, Miami, FL 33179 (b) 7432 Chablis Ct, Boca Raton, FL 33433
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. 7/22/16 Date of filing/registration in Florida 4. L 16 000 138159 Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays St.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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

7432 Chablis Ct.
NEW Registered Office Address:
Boca Raton, FL 33433

_____, FL _____

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.

Richard Carfagna
Signature of a member or authorized representative of a member

Richard Carfagna
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.

Richard Carfagna
Signature of Registered Agent

FILED
2011 AUG 21 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL 32301