L170001602-1

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

Called 10/3/18
Brian wants
this returned



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WINDOLL - I THE BIND 18 OCLAND

Replacing some

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N. CAUSSEAUX

OCT - 5 2018

PLEASE FAX TU: (850) 245-4030

COVER LETTER

ATTAL: NANIETTE

	Registration Sect Division of Corp			
erm IEC	BCMNG, LL	С		
SUBJEC	.1:	Name of Limit	ed Liability Company	
		mendment and fee(s) are subn		
Please re	turn all correspon	dence concerning this matter t	o the following:	
		BRIAN CUNNINGHAM		
			Name of Person	
			Firm/Company	
		18503 PINES BOULEVAR	RD. SUITE 310	
		PEMBROKE PINES. FL 3	Address 3029	
		BRIAN@BCMNGSUCCES	City/State and Zip Code SSFUL.COM	
		E-mail address: (to be used for future annual report notifies	ation)
For furth	per information co	oncerning this matter, please ca	all:	
BRIAN	CUNNINGHAM		757 343 - 3991 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Englass	d is a charle for th	e following amount:		
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
۲.	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

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Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
	18503 PINES BOU	LEVARD	
DRESS)	SUITE 310		
	PEMBROKE PINE	S, FL 33029	
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Enter Florida street address			
IAMI		, Florida ³³¹⁶⁸	
	City:	Zip Code	
	imited liabilities (Company) Dimited liabilities (Company) Portional liabilities (Company) Porti	imited liability company here: Limited Liability Company," the design 18503 PINES BOUNTE 310 PEMBROKE PINE 18503 PINES BOUNTE 310 PEMBROKE PINE	

New Registered Agent's Signature, if changing Registered Agent:

DOMNIC LLC

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
pres /ambr	DDIAN CHINNINGUAM	14742 SW 4TH STREET, PEMBROKE PINES, FL 33027	
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Filing Fee: \$25.00