L17000019587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 11 20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2017

Mailable Pieces
3650 SW DARWIN BLVD
PORT SAINT LUCIE, FL 34953

SUBJECT: GOOD SISTERS & BROTHERS LLC
Ref. Number: L17000213007

We have received your document for GOOD SISTERS & BROTHERS LLC and your check(s) totaling $66.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete section 5b of application.

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.

Diorina M Scott
Regulatory Specialist II

Letter Number: 517A00003867

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Sisters & Brothers 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:

Mathilde Pierre
Name of Person

Good Sisters & Brothers LLC
Firm/Company

3650 SW Darwin Blvd
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

Tile43@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mathilde Pierre at (772) 361 9630
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

INHS18 (2/14)

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: Good Sisters & Brothers LLC

2. (a) Principal office address of limited liability company: (*Note: MUST BE STREET ADDRESS*)
3650 SW Darwin Blvd
Port Saint Lucie FL 34953

(b) Mailing address of limited liability company: (*Note: MAY BE POST OFFICE BOX*)
3650 SW Darwin Blvd
Port Saint Lucie, FL 34953

3. Date of filing/registration in Florida: 01. 23. 17

4. Document number: L17000019587

5. (a) Mathilde Pierre
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
3650 SW Darwin Blvd
Port Saint, FL 34953

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

NEW Registered Office Address:

, FL

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SECRETARY OF STATE
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

Mathilde Pierre
Printed or typed name of signee

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

INHS18 (2/14)

...TH 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: Good Sisters & Brothers LLC

2. (a) Principal office address of limited liability company (Street - MUST BE STREET ADDRESS): 3650 SW Darwin Blvd, Port Saint Lucie, FL 34953

(b) Mailing address of limited liability company (May be post office box): 3650 SW Darwin Blvd, Port Saint Lucie, FL 34953

3. Date of filing/organization in Florida: 01 23 17

4. Document number: L17000019587

[illegible]

[illegible] 3650 SW Darwin Blvd
Port Saint [illegible] FL 34953

(b) Mathilde PIERRE 3650 SW Darwin Blvd Port Saint Lucie FL 34953
Print name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address:

FL

FILED [illegible] PM 1:22

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after [illegible] ... provided in [illegible]

[signature] Mathilde Pierce
Typed or typed name of signee

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]
Signature of Registered Agent

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

INF511 (2/14)