

L17000019587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

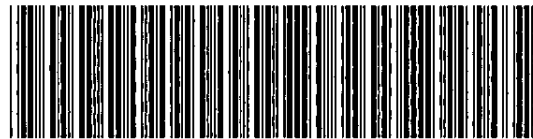
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

APR 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2017

Mathilde Piron
3050 SW DARTMOUTH BLVD
PORT SAINT LUCIE, FL 34953

SUBJECT: GOOD SISTERS & BROTHERS LLC
FBI, FRANKFORT, KY 40601100P

FILED APR 11 2017

2017 APR 11 PM 2:13

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.

Dorine M Scott
Regulatory Specialist II

Letter Number: 517A00003857

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TALLAHASSEE, FLORIDA

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

Tile 43 @ yahoo.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

**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) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3650 SW Darwin Blvd
Port Saint Lucie FL 34953

3650 SW Darwin Blvd
Port Saint Lucie, FL 34953

01. 23. 17

L17000019587

3. Date of filing/registration in Florida

4. Document number

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.

Mathilde Pierre
Signature of a member or authorized representative of a member

Mathilde Pierre
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.

Mathilde Pierre
Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

For each of 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: 3650 SW Drexel Blvd
(SEE NEXT PAGE FOR ADDRESS) (b) Mailing address of limited liability company: 3650 SW Drexel Blvd
(SEE NEXT PAGE FOR ADDRESS)

Port Saint Lucie, FL 34953 Port Saint Lucie, FL 34953

01 23 17 L170000019587
Date of filing with the State of Florida Excluded number

Port Saint Lucie, FL 34953

(b) Notilde PIERRE 3650 SW Drexel Blvd
For name of LLC Registered Agent under 605.0116, Florida Statutes Port of Saint Lucie, FL 34953

State Registered Office Address:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the filing of this statement, the limited liability company shall be deemed to be organized under the laws of the State of Florida, and shall be subject to the provisions of the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, as provided in

I hereby accept the responsibility 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 honest performance of my duties and I am familiar with and accept the responsibility of my position as registered agent as provided for in Chapter 605, Florida Statutes. Or, if this document is being filed to amend a change of address in the registration of the address, I hereby confirm that the limited liability company has been notified in writing of such change.

[Signature]
 State Registered Agent

Division of Corporations P.O. Box 417 • Tallahassee, FL 32314
 FILING FEE: \$25.00

NOTES (2/14)

FILED
 APR 11 2017
 PM 1:22
 TALLAHASSEE, FL