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(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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March 6, 2017

ANDRES HOLLMANN 1701 SUNSET HARBOUR DR, PH 706 MIAMI BEACH, FL 33139

SUBJECT: HOLLMANN ARCHITECTURE, LLC

Ref. Number: L17000027826

We have received your document for HOLLMANN ARCHITECTURE, LLC and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

PLEASE FILL OUT THE ENCLOSED FORM AND RETURN IT, THE OTHER FORM WAS NOT CORRECT.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00004271



February 16, 2017

ANDRES HOLLMANN 1701 SUNSET HARBOUR DR, PH 706 MIAMI BEACH, FL 33139

SUBJECT: HOLLMANN ARCHITECTURE, LLC

Ref. Number: L17000027826

We have received your document for HOLLMANN ARCHITECTURE, 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 517A00003133

COVER LETTER

•	gistration Section vision of Corporations	r "	ì	
SUBJECT	HOLLMANN ARCHITEC	TURE	LLC	
SOBILET		e of Lir	nited Lia	bility Company
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Off	ce Char	nge and f	ee(s) are submitted for filing.
Please retur	rn all correspondence concerning th	is matte	r to the fo	ollowing:
	ANDRES HOLLMANN			
	Name of Person		•	_
Н	OLLMANN ARCHITECTURE	, LLC		
	Firm/Company			_
17	701 SUNSET HARBOUR DR.	, PH 7 0	06	
	Address		101	_
	MIAMI BEACH, FL 33139)		
	City/State and Zip Code			_
	andreshollmann@ee-ce.ne	∍t		
E-mai	l address: (to be used for future ann	ual repo	ort notific	ration)
For further	information concerning this matter,	please	call:	
	ANDRES HOLLMANN	at (954	288-4586
	Name of Person	(_		Area Code & Daytime Telephone Number
Registration SectionRegiDivision of CorporationsDivisClifton BuildingP.O.				ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
Enc	closed is a check for the following	amoun	t:	
	\$25 Filing Fee		□ \$55	Filing Fee & Certified Copy
INHS18 (2/1	4)			, and the second

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.

	1701 SUMIAMI E	(Note: JNSET BEACH L170 Docum	<i>May Bi</i> T HAR	E POST BOUF 3139 826	liability c OFFICE R DR.,	BOX)
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3;	3139 of the se registility conthe limited limi	3020 Tice address: 3139 of the State of Fle registered officility company, it is the limited liability companded liability company.	3139 of the State of Florida, is e registered office and the limited liability company. ANDRE Printed to get in this compains.	of the State of Florida, it is here e registered office and the busing the limited liability company or mited liability company. ANDRES HOLE Printed or typed to get in this congain.	of the State of Florida, it is hereby cone registered office and the business off lility company, it is hereby confirmed the limited liability company or as othe nited liability company. ANDRES HOLLMAI Printed or typed name of the getting this company.	of the State of Florida, it is hereby confirmed the registered office and the business office of the limited liability company or as otherwise pr

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

Signature of Registered Agent