

L17000106386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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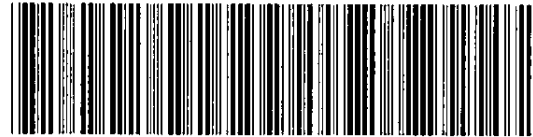
(Business Entity Name)

(Document Number)

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17 JUN 26 PM 1:32
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & S BEVERAGES 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:

TAL SHEINMAN

Name of Person

D & S BEVERAGES LLC

Firm/Company

7 WEST 45TH STREET, SUITE 802

Address

NEW YORK, NY 10036

City/State and Zip Code

TAL@RESETTE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAL SHEINMAN

Name of Person

at (917) 586-8215

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: D & S BEVERAGES LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7 WEST 45TH STREET, SUITE 802
NEW YORK, NY 10036

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7 WEST 45TH STREET, SUITE 802
NEW YORK, NY 10036

MAY 12, 2017

L17000106386

3. Date of filing/registration in Florida

4. Document number

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

YAGUR SHEINMAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14511 STERLING ROAD

SOUTHWEST LANCHES, FL 33330

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

TAL SHEINMAN

NEW Registered Office Address:

2047 SW 31ST AVENUE

PEMBROKE PARK, FL 33309

FILED
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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.

X Tal Sheinman
Signature of a member or authorized representative of a member

TAL SHEINMAN

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.

X Tal Sheinman
Signature of Registered Agent