

L17000108664

(Requestor's Name)

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FILED
2018 JUN 28 PM 1:00
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HONOLULU, HAWAII

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JUN 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

PMBS, LLC

SUBJECT: _____
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:

Michele Mauzerall

Name of Person

PMBS, LLC

Firm/Company

5419 Delett Ave S

Address

St Petersburg, FL 33707

City/State and Zip Code

mem.pmbbs@gmail.com

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

For further information concerning this matter, please call:

Michele Mauzerall

908

300-7093

at (_____)

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

**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: PMBS, LLC

2. (a) 5419 Delett Ave S (b) PO Box 530311

Principal office address of limited liability company: Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

St Petersburg, FL 33707 St Petersburg, FL 33747

05/12/2017 L17000108664

3. Date of filing/registration in Florida 4. Document number

MICHELE E MAUZERALL

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3815 35TH WAY SOUTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 101

ST PETERSBURG 33711
FL

(b) Michele Mauzerall

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

5419 Delette Ave S

NEW Registered Office Address:

St Petersburg 33707
FL

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.

Michele Mauzerall
Signature of a member or authorized representative of a member

Michele Mauzerall

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 my registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michele Mauzerall
Signature of Registered Agent