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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

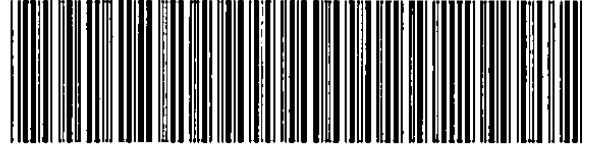
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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U.S. DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI

Y SULKER

AUG 01 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLPB 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:

Stephen L Riemer

\_\_\_\_\_  
Name of Person

CLPB LLC

\_\_\_\_\_  
Firm/Company

20155 NE 38 Ct Unit 3104

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

mrodriguez@riemerinsurance.com

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

For further information concerning this matter, please call:

Stephen L Riemer

at ( 954 )

454-3145

\_\_\_\_\_  
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: CLPB LLC
2. (a) 20155 NE 38 Ct  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Unit 3104  
Aventura, FL 33180
- (b) 20155 NE 38 CT  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Unit 3104  
Aventura, FL 33180
3. 09/18/2017 Date of filing/registration in Florida
4. L17000193648 Document number

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

Laurie L Riemer

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

20155 NE 38 Ct Unit 3104

Aventura, FL 33180

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

Stephen L Riemer

**NEW Registered Office Address:**

20155 NE 38 Ct Unit 3104

Aventura, FL 33180

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.

Laurie L Riemer

Signature of a member or authorized representative of a member

Laurie L Riemer

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]  
Signature of Registered Agent

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