

18000023886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
18 MAR 23 PM 3:08

B FIGUEROA

MAR 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2018

GRACE DE ABREU
1300 S MIAMI AVE
UNIT 3111
MIAMI, FL 33130

SUBJECT: TABBY BEANS, LLC
Ref. Number: L18000023886

We have received your document for TABBY BEANS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent (Grace de Abreu) must sign on the line that says 'Signature of Registered Agent'. Please correct and resubmit.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 818A00004184

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COPY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TABBY BEANS 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:

GRACE DE ABREU

Name of Person

TABBY BEANS

Firm/Company

1300 S MIAMI AVE UNIT 3111

Address

MIAMI, FL 33130

City/State and Zip Code

JOEL2489@GMAIL.COM

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

For further information concerning this matter, please call:

GRACE DE ABREU

954

2604446

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.

TABBY BEANS LLC

1. Name of the limited liability company: TABBY BEANS LLC
2. (a) 1300 s miami ave unit 3111 MIAMI, FL 33130 (b) 1300 S MIAMI AVE UNIT 3111 MIAMI, FL
- Principal office address of limited liability company: Mailing address of limited liability company:
- (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

01/26/2018

L18000023886

3. Date of filing/registration in Florida 4. Document number
- SEBASTIAN, RAFAELA

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1300 S MIAMI AVE UNIT 3111 MIAMI

33130

FL

Grace de Abreu

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

1300 S MIAMI AVE UNIT 3111 MIAMI

NEW Registered Office Address:

33130

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.

Signature of member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment of 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 of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR 23 PM 3:03