

L18000076720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

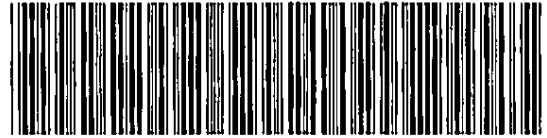
(Business Entity Name)

(Document Number)

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18 JUN 13 PM 11:49  
J. I. EGGETT, Filing Officer

J. I. EGGETT  
JUN 14 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2018

JOEL GERCER GARCIA  
6365 SW 8 ST, APT 9  
WEST MIAMI, FL 33144 US

SUBJECT: ATRIUM STAINLESS , LLC .  
Ref. Number: L18000076720

We have received your document for ATRIUM STAINLESS , 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 018A00011343

RECEIVED  
2018 JUN 11 PM 12:26  
DEPARTMENT  
OF CORP  
AFFAIRS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atrium Stainless 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:

joel gercer garcia

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

Atrium Stainless LLC

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

6365 sw 8 st , apt 9

\_\_\_\_\_  
Address

west miami , florida , 33144 .

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

atriumstainless@gmail.com

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

For further information concerning this matter, please call:

joel gercer garcia

at ( 786 ) 870-2282

\_\_\_\_\_  
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: Atrium Stainless LLC

2. (a) 6365 sw 8 st , apt # 9 , west miami , florida , 33144 (b) 6365 sw 8 st , apt # 9 , west miami , florida

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03/26/2018

L18000076720

3. Date of filing/registration in Florida

4

Document number

5. (a) SR joel gercer

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6365 sw 8 st , apt # 9

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

west miami, FL 33144

(b) joel gercer garcia

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

NEW Registered Office Address:

\_\_\_\_\_, 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 a member or authorized representative of a member

JOEL GERCEZ GARCIA  
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 of Registered Agent

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