

L18000209711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

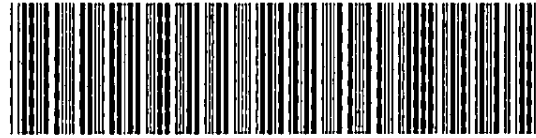
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C. Kins



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2019

ALBERTE GUILLAUME
1802 S DIXIE HWY
LAKE WORTH, FL 33460

SUBJECT: BEBETE BEAUTY SUPPLY & MORE LLC.
Ref. Number: L18000209711

We have received your document for BEBETE BEAUTY SUPPLY & MORE LLC. and your check(s) totaling \$55.00. 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 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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00022105

2019 NOV -4 PM 12:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bebete Beauty Supply & more, 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:

Alberte Guillaume

Name of Person

Bebete Beauty Supply & More

Firm/Company

1802 South Dixie Hwy

Address

Lake Worth, Florida 33460

City/State and Zip Code

bebete2011@gmail.com

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

For further information concerning this matter, please call:

Alberte Guillaume

561

305-1536

at (

) 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: Bebete Beauty Supply & More, LLC.
2. (a) 1802 South Dixie Hwy (b) 1802 South Dixie Hwy
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Lake Worth, FL 33460 Lake Worth, FL 33460
3. September 04, 2018 4. L18000209711
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1231 North dixie Hwy

Lake worth, FL 33461

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

NEW Registered Office Address:

1802 South Dixie Hwy

Lake Worth, FL 33460

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.

Alberte Guillaume
Signature of a member or authorized representative of a member

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

Alberte Guillaume
Signature of Registered Agent

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

2019 NOV -4 PM 5:13

FILED

TALLAHASSEE, FL