

L19000031289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

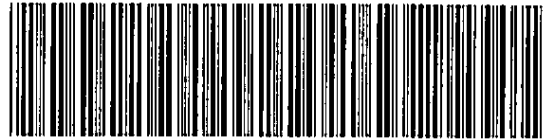
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHIPPER 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:

Name of Person

SHIPPER LLC

Firm/Company

2208 NW 82ND AVE

Address

Miami, Fl. 33122

City/State and Zip Code

natali.reiner@shipper.la

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

For further information concerning this matter, please call:

Natali Reiner

at 786

366-3240

Name of Person

Area Code &amp; 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2019

NATALI REINER 2ND MAILING  
1202 SW 144 CT  
MIAMI, FL 33184

SUBJECT: SHIPPER LLC  
Ref. Number: L19000031289

We have received your document for SHIPPER LLC and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Mariano G Rosa must sign as registered agent not Natali Reiner.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 919A00016757

**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: SHIPPER LLC

2. (a) SHIPPER LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2208 NW 82ND AVE  
Doral, Fl. 33122

(b) SHIPPER LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
2208 NW 82ND AVE  
Doral, Fl. 33122

3. 02/06/2019  
Date of filing/registration in Florida

4. L19000031289  
Document number

5. (a) 02/06/2019  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Mariano G. Rosa  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2208 NW 82ND AVE  
Doral, FL 33122

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Mariano G. Rosa  
NEW Registered Office Address:  
2208 NW 82ND AVE  
Doral, FL 33122

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.

Mariano G. Rosa  
Signature of a member or authorized representative of a member

MARIANO GARCIA ROSA  
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.*

Mariano G. Rosa  
Signature of Registered Agent

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