1190000 80250

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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RALOH



June 25, 2019

YELENA TIUTYUMA EXCELLENT CUSTOM FLOORING LLC 602 HAND AVE SARASOTA, FL 34232

SUBJECT: EXCELLENT CUSTOM FLOORING LLC

Ref. Number: L19000080250

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent Regulatory Specialist II

2019 JUL 17 AH 9:4

Letter Number: 419A00012877

COVER LETTER

	egistration Section ivision of Corporations								
	•								
SUBJEC	r: <u>Excellent</u>	Custom	Flooring	CC					
		Name of Limite	d Liability Company						
Dear Sir c	or Madam:								
The enclo	sed Registered Agent/Regi	stered Office Change	and fee(s) are submit	ted for filing.					
Please return all correspondence concerning this matter to the following:									
4010	in a Talan	. 14 (
	na Trutyu Name of Per	rson							
Excellent Custom Flooring icc									
	Firm/Compa	iny	O						
(-07	1(,,) 9/8								
002	Hand Ave Address								
Sarasota FL 34232 City/State and Zip Code									
	City/State and Z	Lip Code							
leno	solo a hotma	1.000							
E-mail address: (to be used for future annual report notification)									
For furthe	er information concerning t	his matter, please call	:						
X (- (-		_							
<u> 7616</u>	Name of Person	må at (9	41) 735-1	70 G					
	Name of Person		Area Code & L	aytime Telephone Number					
	TREET/COURIER ADD	RESS:	MAILING ADDRE						
	egistration Section		Registration Section						
	ivision of Corporations lifton Building		Division of Corpora P.O. Box 6327	110113					
	inton building 661 Executive Center Circl	e	Tallahassee, Florida	32314					
	allahassee, Florida 32301	-		<u></u>					
E	Enclosed is a check for the following amount:								
×	\$\$25 Filing Fee	[355 Filing Fee & C	ertified Copy					
1									

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State control of the state of the st

rioriaa.		`			
1. Name of the limited liability company: <u>Excellen</u>	<u> </u>	<u>ustom</u>	Floorma	7 ((
2. (a) 602 Hand Ave Sarasota FC	(b)(
Principal office address of limited liability company: 34 (Note: MUST BE STREET ADDRESS)	232		ddress of limited lia MAY BE POST O.		
1 4227 Calatrava Ave	- 0(<u>-</u> 4	1227 (alution	<u>a_</u>	Ave
North Port FL 34286	_ 7	orth Pa	ort FL	347	286
03/22/2019	<u>_</u>	190000	80250		
3. Date of filing/registration in Florida	4.	Docum	ient number		
5. (a) NTB SCINCES ILC Registered Agent and Registered Office shown on the records of the	e Florida Dept.	of State:			
1272 Tamiami Trail S Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
SuiteG					
Venice FL	34293				
(b) Yelena Tiutyuma	•				
Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		∑3	2019	
602 Hand Ave			2 72 pri pri	JUL I	
NEW Registered Office Address:			[20] [20]	-	\$ 67 67 2
Sarasota			57.5. [1] 27	PH 5	
SerasotaFL_	3423	2_		- F	
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	he registered bility compar the limited l	l office and th ny, it is hereby liability compa	e business office y confirmed that	of the the	registere nge(s)
T []			or typed name of si		
Signature of a member or authorized representative of a member					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the abligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he nythed in writing of this change.	e to act in the performance for in Chapt ereby confire	is capacity. I of my duties, o er 605, F.S. (n that the limi	further agree to and I am Jamilia Or, if this docum ited liability com	comply r with a ent is b pany ho	with the nd accepeing filea is been

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

nature of Registered Agent