

L19000 282 905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

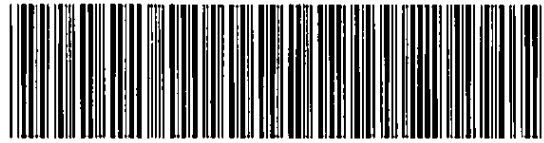
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LOSS

Office Use Only



800342440488

03/27/20--01011--013 \*\*85.00

2020  
DEC 10 10:10:00

R. WHITE  
DEC 10 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2020

RANDI KONNER  
665 SW 27TH AVE  
FT LAUDERDALE, FL 33312

SUBJECT: MR BUBBLES LLC  
Ref. Number: L19000282905

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

The form you submitted is for a CORPORATION, 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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 920A00007625

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mr Bubbles LLC  
Name of Corporation

**DOCUMENT NUMBER:** L19000282905

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Randi Konner

Name of Contact Person

Mr Bubbles LLC

Firm/Company

665 SW 27th Ave

Address

Ft Lauderdale, FL 33312

City/State and Zip Code

rwkonner@yahoo.com

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

For further information concerning this matter, please call:

Randi Konner

Name of Contact Person

at (

551

) 8048888

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MR. BUBBLES 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:

RANDI KUNNER  
Name of Person

MR BUBBLES LLC  
Firm/Company

665 SW 27th AVE  
Address

FT LAUDERDALE, FL 33312  
City State and Zip Code

RWKUNNER@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDI KUNNER at (551) 804 8888  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: MR BUBBLES LLC

2. (a) 665 SW 27th AVE (b) 19658 BAY COVE DR

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

FORT LAUDERDALE, FL 33404

BOCA RATON FL 33434

3. 11/13/2018  
Date of filing/registration in Florida

4. L1900282905  
Document number

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

19658 BAY COVE DR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON FL  
33434

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

BLAIRE KONNER  
NEW Registered Office Address:

19658 BAY COVE DR  
BOCA RATON FL 33434

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.

Kandi Konner  
Signature of a member or authorized representative of a member

KANDI KONNER  
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.

Blair Konner  
Signature of Registered Agent