

L20 000136880

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

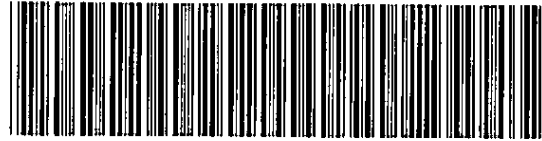
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(Document Number)

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01/11/21--01021--016 \*\*35.00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARMONA DESIGN LLC  
Name of Corporation

**DOCUMENT NUMBER:** L20000136880

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:

**TAMMY CARMONA**

Name of Contact Person

**CARMONA DESIGN LLC**

Firm/Company

**2283 NW 170TH AVENUE**

Address

**PEMBROKE PINES, FL 33028**

City/State and Zip Code

**CARMONALUXURY@GMAIL.COM**

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

For further information concerning this matter, please call:

**TAMMY CARMONA**

Name of Contact Person

at ( ) **561 - 356 - 4814**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 APR 12 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FL

February 18, 2021

TAMMY CARMONA  
2283 NW 170TH AVE  
PEMBROKE PINES, FL 33028

SUBJECT: CARMONA DESIGN LLC  
Ref. Number: L20000136880

We have received your document for CARMONA DESIGN 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: 921A00003691

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARMONA DESIGN 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.

TAMMY CARMONA  
Name of Person

CARMONA DESIGN LLC  
Firm/Company

2283 NW 170TH AVENUE  
Address

PEMBROKE PINES, FL 33028  
City/State and Zip Code

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

For further information concerning this matter, please call:

TAMMY CARMONA at ( 561 ) 356-4814  
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: CARMONA DESIGN LLC
2. (a) 3901 NW 79TH AVE SUITE 245 #1470  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
MIAMI, FL 33166
- (b) 3901 NW 79TH AVE SUITE 245 #1470  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
MIAMI, FL 33166
3. 05/20/2020 Date of filing/registration in Florida
4. L20000136880 Document number
5. (a) LEGALINC CORPORATE SERVICES INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
5237 SUMMERLIN COMMONS  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 400  
FORT MYERS
- (b) TAMMY CARMONA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
2283 NW 170TH AVENUE  
PEMBROKE PINES

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 registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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.

Tammy Carmona  
Signature of a member or authorized representative of a member

TAMMY CARMONA  
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.*

Tammy Carmona  
Signature of Registered Agent