

KZ0000183527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

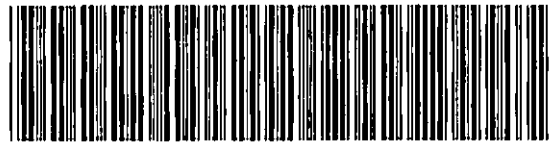
(Business Entity Name)

(Document Number)

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R. WHITE

JUN 8 2021

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FATTO SU MISURA LLC  
Name of Corporation

**DOCUMENT NUMBER:** 1.20000183527

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:

PAUL BENOLIEL

Name of Contact Person

FATTO SU MISURA LLC

Firm/Company

20845 NE 30 CT

Address

AVENTURA, FL 33180

City/State and Zip Code

PAULBENOLIEL@HOTMAIL.COM

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

For further information concerning this matter, please call:

PAUL BENOLIEL

Name of Contact Person

at (305)

3434766

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

2021 JUN -1 AM 11:08

SECRET

May 17, 2021

PAUL BENOLIEL  
20845 NE 30 CT  
AVENTURA, FL 33180

SUBJECT: FATTO SU MISURA LLC  
Ref. Number: L20000183527

We have received your document for FATTO SU MISURA 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: 721A00010376

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FATTO SU MISURA 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:

PAUL BENDOLIEL  
Name of Person

FATTO SU MISURA LLC  
Firm/Company

20345 NE 30 CT  
Address

AVENTURA, FL 33130  
City/State and Zip Code

PAUL.BENDOLIEL@FATTO-SU-MISURA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL BENDOLIEL at 305 ) 3434766  
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: FATTO SU MISURA LLC

2. (a) 20845 NE 30 CT (b) 20845 NE 30 CT

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

AVENTURA, FL 33130

AVENTURA, FL 33130

3. 03/30/2020  
Date of filing/registration in Florida

4. L20000183527  
Document number

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

21008 NE 34 CT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

AVENTURA, FL , FL 33130

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

20845 NE 30TH CT  
NEW Registered Office Address:

AVENTURA , FL 33130

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.

Paul Benolier  
Signature of a member or authorized representative of a member

PAUL BENOLIER  
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.*

Paul Benolier  
Signature of Registered Agent