

11/5/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CERVETTA-LAPHAM & ASSOCIATES PA
Account Number : I20190000110
Phone : (305)275-3244
Fax Number : (305)275-3248

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**L.L.C REGISTERED AGENT CHANGE
PREMIUM C.I.S. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2020 NOV -6 PM 1:19

2020 NOV -6 AM 9:30

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium C.I.S., 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:

Ana Cervetta-Lapham
Name of Person

Cervetta-Lapham & Assoc. PA
Firm/Company

6401 SW 87 Ave Suite 103
Address

Miami FL 33173
City/State and Zip Code

ana@cervettalapham.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Cervetta-Lapham at (305) 275-3244
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

H 2 0000 3846283

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

H 2 0000 3846283

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: Premium C.I.S. LLC

2. (a) 10791 NW 53rd Street, Suite 103 (b) _____
Principal office address of limited liability company. Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Sunrise, FL 33173

3. 10/22/2020 Date of filing/registration in Florida 4. L20000335842 Document number

5. (a) Black Premium LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10791 NW 53rd Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 103
Sunrise FL 33351

(b) Cervetta-Lapham & Associates, PA.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6401 SW 87 Ave
NEW Registered Office Address:

Suite 103

Miami FL 33173

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.

Omar Alvarez B
Signature of a member or authorized representative of a member

Omar Alvar Borbor
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.

[Signature]
Signature of Registered Agent

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

FILED
2020 NOV -6 AM 9:30
TALLAHASSEE, FL
DIVISION OF CORPORATIONS



November 6, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PREMIUM C.I.S. LLC
10791 NW 53RD STREET
103
SUNRISE, FL 33351

SUBJECT: PREMIUM C.I.S. LLC
REF: L20000335842

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000384628
Letter Number: 120A00022302