

L21000290963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

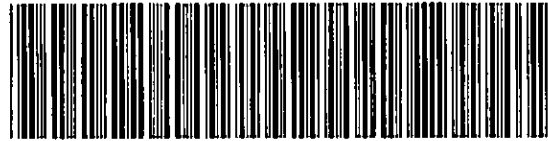
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 23 AM 10:43
STATE
CLERK
TALLAHASSEE, FL

FILED

2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 AUG 23 AM 11:28

July 30, 2021

FABIOLA CARPEL
12110 SW 187 ST
MIAMI, FL 33177

SUBJECT: FAC SERVICES LLC
Ref. Number: L21000290963

We have received your document for FAC SERVICES 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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00017885

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAC Services, 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:

Fabiola Carpel
Name of Person

FAC Services LLC
Firm/Company

12110 SW 187 Street
Address

Miami, FL 33177
City/State and Zip Code

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

For further information concerning this matter, please call:

Yvette Carpel / Fabiola at (786) 252-1719
Name of Person Carpel 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: FAC Services, LLC

2. (a) _____ (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**)

12110 SW 187 street
Miami, FL 33177

12110 SW 187 street
Miami, FL 33177

3. 06/23/2021 4. L21000290963
Date of filing/registration in Florida Document number

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

United States Corporation Agents, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. Semoran Blvd, Suite 36
Orlando FL 32822

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

Yvette Carpel Joseph
NEW Registered Office Address:

7955 SW 195th Street

Cutler Bay FL 33157

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.

Fabiola Carpel
Signature of a member or authorized representative of a member

Fabiola Carpel
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.

Yvette Carpel
Signature of Registered Agent

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2021 AUG 23 AM 10:49
STATE OF FLORIDA
TALLAHASSEE, FL