

h22 0000 16867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

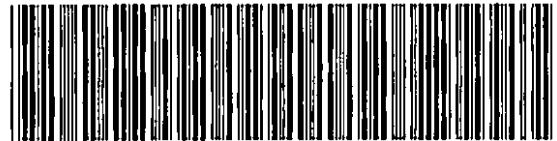
Special Instructions to Filing Officer:

J. HORNE

MAY - 3 2022

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FILED
2022 APR 21 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 21 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FL

April 6, 2022

BETTINA KUSKE
2501 TAYLOR STREET C
HOLLYWOOD, FL 33020 US

SUBJECT: LOOVEBUGS LLC
Ref. Number: L22000016867

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

The form you submitted is for a CORPORATION, but your entity is a LLC. 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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 222A00008027

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loovebugs, 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:

Bettina Simone Kuske
Name of Person

Loovebugs, LLC
Firm/Company

2501 Taylor St, #C
Address

Hollywood, FL 33020
City/State and Zip Code

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

For further information concerning this matter, please call:

Bettina Kuske at (954) 242 5659
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

N/A

☐ \$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: Loore bugs, LLC

2. (a) Bettina Simone Kuske (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**)

2501 Taylor Street, #C
Hollywood FL 33020

1/7/2022

L22000016867

3. Date of filing/registration in Florida

4.

Document number

5. (a) United States Corporate Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd. 36

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32822

(b) Bettina Simone Kuske

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

2501 Taylor St.

NEW Registered Office Address:

#C

Hollywood, FL 33020

FILED
2022 APR 21 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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.

Signature of a member or authorized representative of a member

Printed or typed name of signee

Bettina Simone Kuske

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 of Registered Agent

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