

L22000101127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

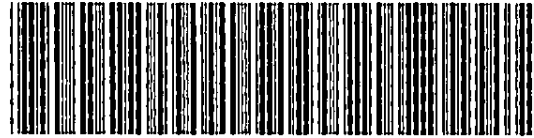
(Document Number)

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2022 JUN -1 PM 3:10

SEVEN  
TALL / HASTEE, FL

6/10/2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PIERCE STREET 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:

SONNY SHARMA  
Name of Person

RPM PREMIER LLC  
Firm/Company

15800 PINES BLVD #336  
Address

PEMBROKE PINES FL 33027  
City/State and Zip Code

SONNY@RPM PREMIER FL. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONNY SHARMA at (954) 362 5235  
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 PAID BY  
CK 6083

☐ \$55 Filing Fee & Certified Copy



RECEIVED

2022 JUN -1 PM 1:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

April 19, 2022

SONNY SHARMA  
15800 PINES BOULEVARD #336  
PEMBROKE PINES, FL 33027

SUBJECT: PIERCE STREET LLC  
Ref. Number: L22000101127

We have received your document for PIERCE STREET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A photocopy of the document is not acceptable and must be on letter size paper.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 422A00009163

**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: PIERCE STREET, LLC
2. (a) 620 SW 71 WAY  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
PEMBROKE PINES FL 33023
- (b) 620 SW 71 WAY  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
PEMBROKE PINES FL 33023
3. 2/25/2022  
Date of filing/registration in Florida
4. L22000101127  
Document number
5. (a) BIBI BACCHUS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
620 71 WAY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PEMBROKE PINES FL 33023
- (b) SONNY SHARMA  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
15800 PINES BLVD #336  
**NEW Registered Office Address:**  
PEMBROKE PINES FL 33027

FILED  
2022 JUN -1 PM 3:10  
TALLAHASSEE, FL

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.

B. Bacchus  
Signature of a member or authorized representative of a member

BIBI BACCHUS  
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.

[Signature]  
Signature of Registered Agent