

L22000535444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

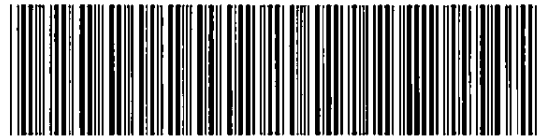
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 13 PM 3:34
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TAXPAYER SERVICE
UNIT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silky Skin Waxing Studio, 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:

Isabel Reyes

Name of Person

Silky Skin Waxing Studio, LLC

Firm/Company

166 Eagle Summit Dr

Address

Ruskin, FL 33570

City/State and Zip Code

isabelcristinareyest@gmail.com

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

For further information concerning this matter, please call:

Isabel Reyes

727

601-2899

at (_____) _____

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

2023 MAR 13 PM 3:34
STATE
OFFICE
TALLAHASSEE, FL

**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: Silky Skin Waxing Studio, 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**)

166 Eagle Summit Dr Ruskin FL 33570

166 Eagle Summit Dr Ruskin FL 33570

12/23/2022

L22000535444

3. _____ 4. _____
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:

Isabel Reyes

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

242 Apollo Beach Blvd

Apollo Beach FL 33572

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

Isabel Reyes

NEW Registered Office Address:

166 Eagle Summit Dr

Ruskin FL 33570

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.

Isabel Reyes
Signature of a member or authorized representative of a member

Isabel Reyes

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.

Isabel Reyes
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00