

L24000226488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

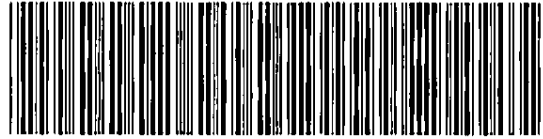
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUL - 8 2024

Office Use Only



800430907888

06/04/24--01023--007 \*\$35.00

2024 JUL 8 PM 1:11  
JUL 8 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mimy Transportation 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:

Myriame Cesil

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

306 Ulrich Ave E

\_\_\_\_\_  
Address

Winter Haven Florida 33881

\_\_\_\_\_  
City/State and Zip Code

myriame cesil@gmail.com

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

For further information concerning this matter, please call:

Bataille Simon

863

934-3258

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

**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: Mimy Transportation LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

306 Ulrich Ave E

Winter Haven Florida 33881

05/15/2024

L24000226488

3. Date of filing/registration in Florida

4. Document number

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

Bataille Simon

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3828 Mc Elveen Ave

Plant City, FL 33566

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

Myriame Cesil

NEW Registered Office Address:

306 Ulrich Ave E

Winter Haven, FL 33881

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.

Bataille Simon  
Signature of a member or authorized representative of a member

BATAILLE SIMON  
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.*

Myriame Cesil  
Signature of Registered Agent

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