

L990000 05380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

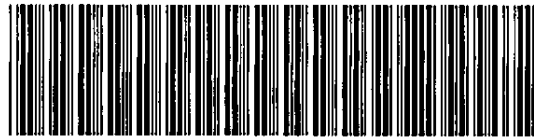
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Garment 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:

Luis F. Corredor
(Name of Person)

(Firm/Company)

4581 Weston Rd #320
(Address)

Weston, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Corredor at (954) 473 9988
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2006

LUIS F. CORREDOR
4581 WESTON RD #320
WESTON, FL 33331

SUBJECT: BEST GARMENT SERVICES LLC
Ref. Number: L99000005380

We have received your document for BEST GARMENT SERVICES 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):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 806A00034827

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notarized copy of the document is being returned to the filer. The filer is responsible for ensuring that the document is properly notarized and signed by the registered agent or authorized representative of the member. The filer is also responsible for ensuring that the document is properly filed with the Division of Corporations.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Best Garment Services LLC

2. The mailing address of the limited liability company is : 4581 Weston Rd #320
weston, FL 33331

August 30, 1999

L99000005380

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Luis F. Corredor

Name

1860 N Pine Island Rd Ste 109

Address

Plantation, FL 33322

City, State and Zip

6. The name and address of the new registered agent and/or office:

Luis F. Corredor

Name

4581 Weston Rd #320

Florida street address (P.O. Box NOT acceptable)

Weston, FL 33331

City, State and Zip

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)

LUIS F. CORREDOR
(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 608, 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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA