

L99000009282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

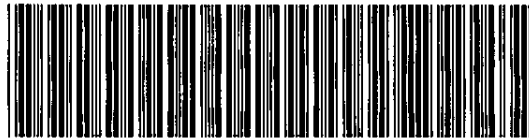
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263669587

09/12/14--01012--020 **35.00

14 OCT -3 PM 12:35
RECEIVED
DIVISION OF CORPORATIONS
STATE OF OHIO

C. Lewis
10-6-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2014

LAURA GERHOLD / MIRAFLOR LLC
11911 NW 28 STREET
CORAL SPRINGS, FL 33065 US

SUBJECT: MIRAFLOR LLC
Ref. Number: L12000113333

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

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 614A00020070

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: mirafior 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:

Laura Gerhold
Name of Person

mirafior LLC
Firm/Company

11911 NW 28 St
Address

Coral Springs FL 33065
City/State and Zip Code

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

For further information concerning this matter, please call:

Laura Gerhold at (954) 753-6899
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

**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: MiraSlor LLC
2. (a) 11911 NW 28 St
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Coral Springs, FL 33065
- (b) 11911 NW 28 St
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Coral Springs, FL 33065
3. November 1, 2012
Date of filing/registration in Florida
4. L99 000009282
Document number
5. (a) Laura Gerhold
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4201 SW 101 Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
DAVIE, FL 33023
_____, FL _____
- (b) Laura Gerhold
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Laura Gerhold
NEW Registered Office Address:
11911 NW 28 Street
Coral Springs, FL 33065

FILED
DIVISION OF CORPORATIONS
14 OCT -3 PM 12:35

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.

Laura Gerhold
Signature of a member or authorized representative of a member

Laura Gerhold
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 of Registered Agent