

MD300000 4150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUL -1 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. G. G.

JUL 2 - 2010

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wyndermere Wholesalers/L.L.C.  
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:

Hestie Mizrahi

Name of Person

Wyndermere Wholesalers/L.L.C.

Firm/Company Name

595 9th St Suite 115

Address

Winter Garden FL 34787

City/State and Zip Code

codi11ac1956@AOL.com

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

For further information concerning this matter, please call:

Hestie Mizrahi

Name of Person

at ( 407 )

666-0373

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 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. Name of the limited liability company: Wyndermere Wholesalers/L.L.C.

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

595 9th St. Suite 115  
Winter Garden FL 34784

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

595 9th St Suite 115  
Winter Garden FL 34787

12/12/03

3. Date of filing/registration in Florida

4. Document number

M03000004150

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

Registered Agent:

Service Corporation Co

Registered Office Address:

1201 Hays St  
Tallahassee FL 32301

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

**NEW Registered Agent:**

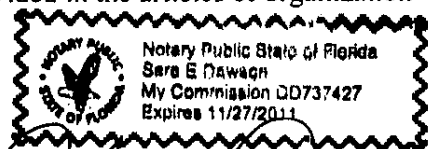
**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

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.

Leslie Mizrach  
Signature of a member or authorized representative of a member

Leslie Mizrach  
Printed or typed name of signer



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