

M05000000 3729

(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 NOV -7 AM 9:08

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SILKER
NOV 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2019

HARDWOODS, L.L.C.
3210 SALT MARSH CIRCLE
WEST MELBOURNE, FL 32904

SUBJECT: HARDWOODS, L.L.C.
Ref. Number: M05000003729

We have received your document for HARDWOODS, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 819A00021582

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hardwoods L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dave Baglia
Name of Person

Hardwoods L.L.C.
Firm/Company

3210 Salt Marsh Circle
Address

West Melbourne, FL 32904
City/State and Zip Code

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

For further information concerning this matter, please call:

Dave Baglia at (215) 932-1649
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Hand Woods L.L.C.

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

3210 Salt Marsh Circle
West Melbourne, FL 32904

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3210 Salt Marsh Circle
West Melbourne, FL 32904

2. The Florida document number of this limited liability company is: 00500000 3729

3. Jurisdiction of its organization: ~~Ohio~~ Ohio / Florida

4. Date authorized to do business in Florida: June 29, 2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C." or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: David Baglia

New Registered Office Address: 3210 Salt Marsh Circle

Enter Florida Street Address

West Melbourne

City

Florida 32904

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

David Baglia

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Florida

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/Capacity

Name

Address

Type of Action

V.P.
~~Officer~~

Robert Bolt

734 Dillard Circle
Cedar Hill, TX 75104

☒ Add

☐ Remove

Resident Dave Baglia

3210 Salt Marsh Circle
West Melbourne, FL 32904

☒ Add

☐ Remove

Treasurer Nancy Baglia

3210 Salt Marsh Circle
West Melbourne, FL 32904

☒ Add

☐ Remove

Secretary Donna Bolt

734 Dillard Circle
Cedar Hill, TX 75104

☒ Add

☐ Remove

☐ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Dave Baglia
Signature of the authorized representative

Dave Baglia
Typed or printed name of signee

Filing Fee: \$25.00