

MO7666001SS3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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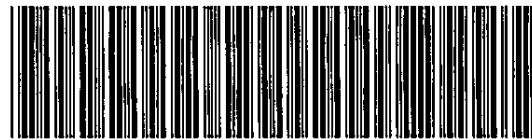
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

CHRISTOPHER S TROESCH
2500 N OCEAN BLVD
POMPANO BEACH, FL 33062

SUBJECT: STREEMLINE ENTERPRISES, LLC
Ref. Number: M07000001553

RECEIVED
2017 FEB 13 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STREEMLINE ENTERPRISES, 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 FL CORPORATION, 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 617A00001576

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17 FEB 13 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STREEMLINE ENTERPRISES, 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:

CHRISTOPHER TROESCH

Name of Person

STREEMLINE ENTERPRISES, LLC

Firm/Company

2500 N OCEAN BLVD

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

CHRIS.TROESCH@STREEM-LINE.COM

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

For further information concerning this matter, please call:

CHRIS TROESCH

Name of Person

at (352) 398-6183

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

FILED
17 FEB 13 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: STREAMLINE ENTERPRISES, LLC

2. (a) 2500 N OCEAN BLVD (b) 2500 N OCEAN BLVD

(Note: MAY BE POST OFFICE BOX)

POMPANO BEACH, FL 33062

POMPAVO BEACH, FL 33062

3. 03/15/07 Date of filing/registration in Florida

4. MD7000001553 Document number

5. (a) AGENTS AND CORPORATIONS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

300 FIFTH AVE S SUITE 101-330

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34102 (RESIGNED)

FL

(b) CHRISTOPHER S. TROESCH

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2500 N OCEAN BLVD

NEW Registered Office Address:

POMPAVO BEACH, FL 33062

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

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

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