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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates o	of Status

Special Instructions to Filing Officer:

L. SELLERS

APR 2 2 2009

**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

Po: Registration Section Division of Corporations		
	CS Group, LLC  imited Liability Company)	
•		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	•	
Othoran Taylor (Natural of Person)	<del></del>	
O &T COSMATICS Group, (Firm/Company)	uc	
1331 Brichall Bay Dr. St	6.0307	
Miani, FL 33131 (City/State and Zip Code)	······································	
For further information concerning this matter, please call:		
(Name of Person) at	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	



March 23, 2009

DEBORAH TAYLOR 1331 BRICKELL BAY DRIVE, STE. 2307 MIAMI, FL 33131

SUBJECT: D&T COSMETICS GROUP, LLC

Ref. Number: M08000001806

We have received your document for D&T COSMETICS GROUP, 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 form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 409A00009788



April 6, 2009

DEBORAH TAYLOR 1331 BRICKELL BAY DRIVE, STE. 2307 MIAMI, FL. 33131

SUBJECT: D&T COSMETICS GROUP, LLC

Ref. Number: M08000001806

We have received your document for D&T COSMETICS GROUP, 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):

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) 245-6967.

Letter Number: 809A00011477

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Sta, 2307 **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 (Signature of a member or authorized representative of a member) (Printed or typed name of signce) 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 the chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited instituty company has been notified in writing of this change.

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