

m11000006418

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

File 1st before
Qual for:
Provista, Inc.
H13000259964

LLC DISSOLUTION OR WITHDRAWAL
PROVISTA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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B. BOSTICK

NOV 26 2013

EXAMINER

11/25/2013

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Provista, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M11000006418

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

250 E. John Carpenter Freeway

(Mailing address)

Irving, TX 75062

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Dan Thomas

(Typed or printed name of signer)

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MARKO & MAGOLNICK, P.A.
Account Number : I20050000186
Phone : (305) 285-2000
Fax Number : (305) 285-5555

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sandi@mm-pa.com

LLC REGISTERED AGENT CHANGE
JEAN RAPHAEL DESIGNS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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B. BOSTICK

NOV 26 2013

EXAMINER

((H13000257237 3)))

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: Jean Raphael Designs, LLC

2. (a) Principal office address of limited liability company: 1225 Euclid Avenue Suite #2
Miami, Florida 33139
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 1225 Euclid Avenue, Suite #2
Miami, Florida 33139
(Note: MAY BE POST OFFICE BOX)

February 19, 2013

L13000025845

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays Street
Tallahassee, Florida 32301

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

NEW Registered Agent:

David E. Marko, Esq.

NEW Registered Office Address:

Marko & Magolnick, PA

(MUST BE FLORIDA STREET ADDRESS)

3001 SW 3rd Avenue
Miami
FL 33129

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

Jean Raphael Fischer

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