

M17000003976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

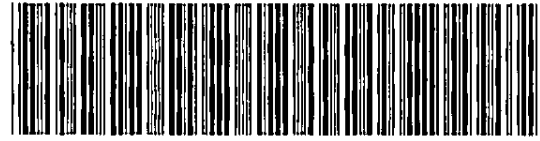
(Business Entity Name)

(Document Number)

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2017 OCT 12 PM 4:03

REC. 1 / 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotel Furniture Liquidators & Wholesalers
Name of Foreign Limited Liability Company LLC.

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:

Clive D. Thompson
Name of Person

Hotel Furniture Liquidators & Wholesalers LLC.
Firm/Company

13750 West Colonial Drive #350-103
Address

Winter Garden, FL. 34787
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2017

CLIVE D THOMPSON
13750 WEST COLONIAL DRIVE 350-103
WINTER GARDEN, FL 34787

SUBJECT: HOTEL FURNITURE LIQUIDATORS & WHOLESALERS, LLC.
Ref. Number: M17000003976

2017 OCT 12 PM 4:03

We have received your document for HOTEL FURNITURE LIQUIDATORS & WHOLESALERS, 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 617A00014820

2017 DEC 12 PM 1:22

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: Hotel Furniture Liquidators & Wholesalers, LLC.

Enter new principal office address, if applicable: Orlando, FL 32805 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 13750 West Colonial Dr 350-102 Winter Garden, FL 34787 (Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17 00000 3976

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 4th, 2017

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: Clive D. Thompson

New Registered Office Address: 13750 W Colonial Dr 350-103 Winter Garden, Florida 34787 (Enter Florida Street Address, 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.

Clive D. Thompson (Signature) If Changing Registered Agent, Signature of New Registered Agent

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

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

Change of Name of Owner

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Joanne Thompson	13750 W Colonial Dr	#350-103 <input type="checkbox"/> Add

	Winter Garden, FL	34787	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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<u>Owner</u>	Clive D. Thompson	13750 W Colonial Dr	#350-103 <input checked="" type="checkbox"/> Add
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	Winter Garden, FL	34787	<input type="checkbox"/> Remove
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<u>Asst</u>	Debra Thompson	13750 W Colonial Dr	#350-103 <input checked="" type="checkbox"/> Add
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	Winter Garden, FL	34787	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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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.

Clive D. Thompson / Debra Thompson
Signature of the authorized representative

Clive D. Thompson / Debra Thompson
Typed or printed name of signee

2017 02 12 14:4:03

Filing Fee: \$25.00