

M17000003976

(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



900301343909

07/19/17--01003--006 \*\*25.00

2017 07 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 DEC 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  
TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Orlando, FL 32805

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

13750 West Colonial Dr 350-103  
Winter Garden, FL 34787

2. The Florida document number of this limited liability company is: \_\_\_\_\_

MI17000003976

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

Enter Florida Street Address

Winter Garden, Florida 34787

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

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

Title/ Capacity

Name

Address

Type of Action

Loanne Thompson 13750 W Colonial Dr #350-103  
☐ Add

Winter Garden, FL 34787  
☒ Remove

☐ Add

☐ Remove

Owner Clive D. Thompson 13750 W Colonial Dr #350-103  
☒ Add

Winter Garden, FL 34787  
☐ Remove

Asst Debra Thompson 13750 W Colonial Dr #350-103  
☒ Add

Winter Garden, FL 34787  
☐ 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.

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

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

Filing Fee: \$25.00

2017 DEC 12 PM 4:03