

MI700000 9632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

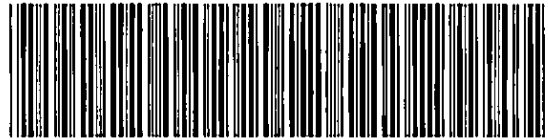
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/18--01014--026 **25.00

FILED
2018 DEC 17 PM 2:31
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D. BRUCE
JAN 05 2019

**Sharona and Roni Elgazar
H&H Smart Investments LLC**

583 Sawgrass Corporate Parkway
Sunrise, Florida 33325

December 13, 2018

Attn: Registration Section
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

**RE: Certificate of Cancellation of a Limited Liability Company
H&H Smart Investments LLC**

Dear Registration Section:

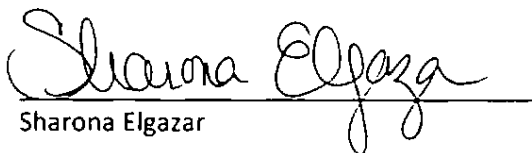
Attached hereto you will find my "Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida" along with Check No. 3955 in the amount of \$25 as a payment for the fee associated with this application.

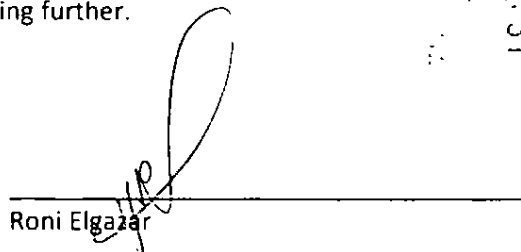
My contact information as follows:

Sharona and/or Roni Elgazar
583 Sawgrass Corporate Parkway
Sunrise, Florida 33325
Phone: 954-655-0808
Fax: 954-533-3390
Email: sharona@firstcall24-7.com

Please feel free to contact me should you require anything further.

Best Regards,


Sharona Elgazar


Roni Elgazar

FILED
2018 DEC 17 PM 2:31
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Attachment: Application
Check No. 3955

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & H SMART INVESTMENTS LLC

Name of Foreign Limited Liability Company

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:

SHARONA, ELGAZAR

Name of Person

Firm/Company

583 SAWGRASS COPORATE PARKWAY

Address

SUNRISE, FLORIDA 33325

City/State and Zip Code

SHARONA@FIRSTCALL24-7.COM

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

For further information concerning this matter, please call:

SYED U. ZAFAR, CPA at (305) 773-0889

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

**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: H & H SMART INVESTMENTS LLC

Enter new principal office address, if applicable: 583 SAWGRASS CORPORATE PARKWAY

(Principal office address

MUST BE A STREET ADDRESS)

SUNRISE, FLORIDA 33325

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

583 SAWGRASS CORPORATE PARKWAY

SUNRISE, FLORIDA 33325

2. The Florida document number of this limited liability company is: M17000009632

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: NOVEMBER 13, 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: SHARONA, ELGAZAR

New Registered Office Address: 583 SAWGRASS CORPORATE PARKWAY

Enter Florida Street Address

SUNRISE

City

Florida 33325

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.

Sharona Elgazar
If Changing Registered Agent, Signature of New Registered Agent

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

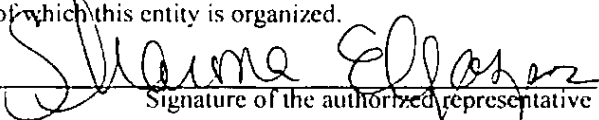
FLORIDA

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

WE ARE REMOVING MGR IVETTE RENEE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SHARONA, ELGAZAR</u>	<u>583 SAWGRASS COPORATE PARK, SUNRISE, FL 33325</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>RON, ELGAZAR</u>	<u>583 SAWGRASS COPORATE PARK, SUNRISE, FL 33325</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>IVETTE, RENEE</u>		<input type="checkbox"/> Add
		<u>583 SAWGRASS COPORATE PARK, SUNRISE, FL 33325</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.


Signature of the authorized representative
SHARONA ELGAZAR
Typed or printed name of signee

Filing Fee: \$25.00