

LD80000112236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

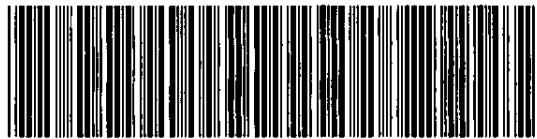
Special Instructions to Filing Officer:

L. SELLERS

FEB 22 2010

EXAMINER

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10 FEB 19 PM 4:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The New Multi Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Griselda Correa
Name of Person

The New Multi Services LLC
Firm/Company

~~5160~~ 5160 Boggy Creek Rd
Address

St. Cloud, FL 34771
City/State and Zip Code

Princesscache21@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Griselda Correa at (407) 383-2984
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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2009

GRISELDA CORREA
5160 BOGGY CREEK ROAD
ST. CLOUD, FL 34471

SUBJECT: THE NEW MULTI-SERVICES, LLC
Ref. Number: L08000112236

We have received your document for THE NEW MULTI-SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. 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: 009A00035934



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2010

GRISELDA CORREA
5160 BOGGY CREEK ROAD
ST. CLOUD, FL 34771

SUBJECT: THE NEW MULTI-SERVICES, LLC
Ref. Number: L08000112236

We have received your document for THE NEW MULTI-SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 310A00002829

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: The New Multi Services LLC
2. (a) Principal office address of limited liability company: 5160 Boggy Creek Rd
☐ St. Cloud FL 34771
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
☐ Same as above
(Note: **MAY BE POST OFFICE BOX**)

12/9/08
3. Date of filing/registration in Florida
4. Document number LO8000112236

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

Registered Agent:

Registered Office Address:

Griselda Correa
4321 Boggy Creek Rd
Kissimmee FL 34744

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

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

Griselda Correa
5160 Boggy Creek Rd
St. Cloud FL 34771

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.

Griselda Correa
Signature of a member or authorized representative of a member

Griselda Correa
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.

Griselda Correa
Signature of Registered Agent

FILED
10 FEB 19 PM 4:17
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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