

L10 0000032744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

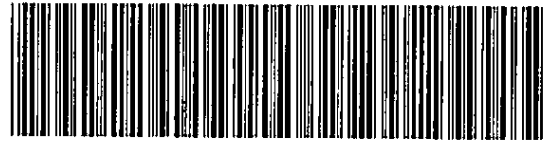
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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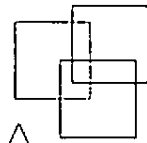
OCT 05 2020

10/06/20--01004--001 **25.00

FILED
2020 OCT -5 AM 11:35
CLERK OF STATE
TALLAHASSEE, FL

10/12/20

Mercedes M. Sellek, PA



October 2, 2020

Via FedEx
Tracking No. 7716 9776 3303

Florida Department of State
Registration Section
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

Re: Registered Agent Change for L10000032744 and L17000176394

Dear Madam or Sir:

Enclosed please find:

- a) Check No. **363** in the amount of \$25.00 for the change to Registered Agent for **A&R Supply, LLC**, a Florida Limited Liability Company, Document Number: **L10000032744**, and
- b) Check No. **364** in the amount of \$25.00 for the change to Registered Agent Change for **A&R Supply of Broward, LLC**, a Florida Limited Liability Company. Document Number: **L17000176394**

Please process the documentation and let us know if you have any questions.

Thank you.

Very truly yours,

MERCEDES M. SELLEK, P.A.

A handwritten signature in black ink that reads "Domenica Mazzealla". The signature is written in a cursive, flowing style.

Domenica Mazzealla
For the Firm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & R SUPPLY, 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:

Mercedes M. Sellek, Esq.

Name of Person

SELLEK LAW CORPORATE SERVICES, LLC

Firm/Company

2520 SW 99 Court

Address

MIAMI, FL 33165

City/State and Zip Code

corpservices@selleklaw.com

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

For further information concerning this matter, please call:

Mercedes M. Sellek, Esq.

786

5917310

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: A & R SUPPLY, LLC

2. (a) 2650 NW 89 CT. (b) 2650 NW 89 CT.

Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

DORAL, FL 33172

DORAL, FL 33172

03/24/2010

L10000032744

3. Date of filing/registration in Florida 4. Document number

5. (a) MORERA, FRANSISCO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2650 NW 89 CT.

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

DORAL, FL 33172

(b) SELLEK LAW CORPORATE SERVICES, LLC

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

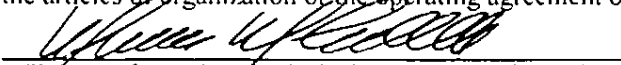
2520 SW 99 Court

NEW Registered Office Address:

MIAMI, FL 33165

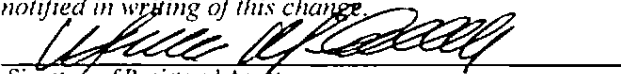
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 DIVISION OF STATE

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

Mercedes M. Sellek, Esq. Auth. Rep.
Printed or typed name of signee

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.


Signature of Registered Agent

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