

L15000195474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

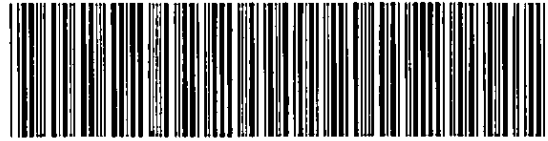
(Business Entity Name)

(Document Number)

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DEC 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2018

GIUSEPPE MASCARELLA
5347 LAGORCE DR
MIAMI BCH, FL 33140

SUBJECT: TIGERS AND ZEBRAS LLC
Ref. Number: L15000195474

2018 DEC 21 AM 10:15

We have received your document for TIGERS AND ZEBRAS 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00025426

RESPONSE:

I HAVE MADE THE CORRECTION
PLEASE COMPLETE THE UPDATE REQUESTED.

PS: GIUSEPPE MASCARELLA IS THE OWNER OF OLD AGENT:
"OBISILLA CORPORATION" AND AUTHORIZED
SIGNER.
(CELL. 425-263-5474) *Giuseppe Mascarella*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tigers And Zebras, 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:

Giuseppe mascarella

Name of Person

Tigers and Zebras, LLC

Firm/Company

5347 Lagorce Drive

Address

Miami Beach FL, 33140

City/State and Zip Code

giuseppe@tigersandzebras.com

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

For further information concerning this matter, please call:

Giuseppe Mascarella

at (425) 2695478

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

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: Tigers And Zebras LLC

2. (a) 5347 LaGorce Drive (b) 5347 LaGorce Drive

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

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

Miami Beach, FL 33140

Miami Beach, FL 33140

11/18/2015

W15000075699

3. Date of filing/registration in Florida

4. Document number

5. (a) ~~Giuseppe Mascarella~~ D'BIOLLA CORPORATIONS gll
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8911 Collins Ave

Registered Office Address 1102 gll
(MUST BE FLORIDA STREET ADDRESS)

Surfside, FL 33152

NO. 1111131

(b) Eloisa Bustos

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

5347 LaGorce Drive

NEW Registered Office Address:

Miami Beach, FL 33140

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.

Giuseppe Mascarella ON BEHALF OF Giuseppe Mascarella
Signature of a member or authorized representative of a member D'BIOLLA CORPORATION Printed or typed name of signee

Thereby 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.

Eloisa Bustos
Signature of Registered Agent