L24 000 279 196

(Requestor's N	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document Nu	ımber)
Certified Copies Cert	
Special Instructions to Filing Offic	er:





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05/24/25--01011--030 **25.00



COVER LETTER

Division of Corporations		
DANIA HAVEN LLC		
SUBJECT:	lame of Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	following:
MICOLAU ROSSI JULIETTE		
Name of Person		_
DANIA HAVEN LLC		
Firm/Company		
16558 NE 26TH AVENUE APT 3F		
Address		
NORTH MIAMI BEACH FL 33160		
City/State and Zip Code	 e	
RECOVERYHOME305@GMAIL.COM		
E-mail address: (to be used for future a	innual report notif	fication)
For further information concerning this matt	er, please call:	
MICOLAU ROSSI JULIETTE	305 at (934-5801
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 followi	ng amount:	
■ \$25 Filing Fee	□ s	555 Filing Fee & Certified Copy

Registration Section

TO:

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.

7901 4TH ST N STE 300	(b)	901 4TH ST N STE 300	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
ST. PETERSBURG, FL 33702	<u></u>	r. PETERSBURG, FL 33702	
06/19/2024	L24	1000279196	
Date of filing/registration in Florida	4.	Document number	
REGISTERED AGENTS INC		•	
Registered Agent and Registered Office shown on the records	of the Florida Dep	pt, of State:	
7901 4TH ST N STE 300			
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
ST. PETERSBURG	FL 33702	124 124	
MICOLAU ROSSI JULIETTE			
Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	章 · 24	
16558 NE 26TH AVENUE 3F		•	
NEW Registered Office Address:			
NORTH MIAMI BEACH, 1	FL_33160		
limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registered o liability compa s of the limited ne limited liabi	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.	
- Chul	MICOL	AU ROSSI JULIETTE	
ature of a member or authorized representative of a member		Printed or typed name of signee	

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

Signature of Registered Agent