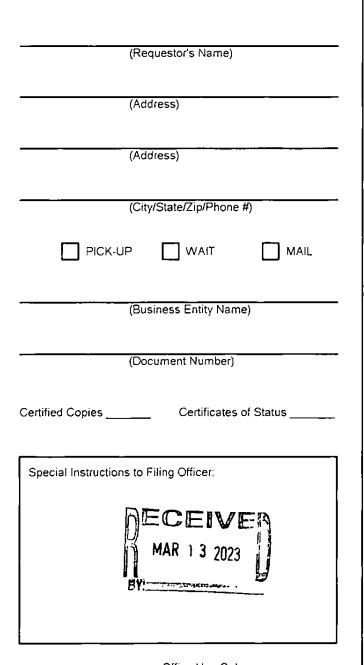
# M22000000404

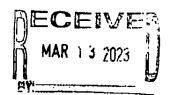


Office Use Only



900404403249

03/14/23--01013--005 \*\*25.00



2023 MAR 13 AM 11:59



### **COVER LETTER**

TO: Registration Division of	Section Corporations				
SUBJECT: 14078	SW 206TH ST UNIT 103, LLC				
	Name of Foreig	n Limited Liabil	ity Company		
Dear Sir or Madam:					
The enclosed applic	ation, certificate and fee(s)	are submitted fo	r filing.		
Please return all cor	respondence concerning thi	is matter to the fo	ollowing:		
Michael Merino					
	Name of Person				
Michael Merino P.A.					
	Firm/Company				
6741 Orange Dr					
	Address			202	
Davie, FL 33314				2023 MAR 13	(2012)
	City/State and Zip Code	:			prices
mmerino@merinolega	l.com			AM II: 59 SSEEL FL	O
E-mail address: (t	o be used for future annual	report notificati	on)	141E FL	
For further informat	ion concerning this matter,	please call:			
Michael Merino		954 at ()	321-7701		
Nam	e of Person	Area Code &	& Daytime Telephon	e Number	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	F D T 2	treet Address: Registration Section Division of Corporat The Centre of Tallah 415 N. Monroe Stre Tallahassee, FL 3236	tions nassee eet, Suite 810	
Enclosed is : ■\$25 Filing Fee CR2E055 (9/15)	a check for the following : □ \$30 Filing Fee & Certificate of Status	amount:  \$55 Filing For Certified Co	py Certific	ng Fee, ate of Status & ified 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  State: 14078 SW 206TH ST UNIT 103, LLC	on the records of	the Florida Depa	artment of		
Enter new principal office address, if applicable:					
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	<del> </del>			·- <u>-</u>	
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)				S PA	2073 HAR 13 AM 11: 5
2. The Florida document number of this limited liab	oility company is:	M22000000404	<del>_</del>	SSEE	AM
3. Jurisdiction of its organization: Wyoming				77	: 59
4. Date authorized to do business in Florida: $\frac{01/05}{1}$					
SECTION II (5-9 complete only the applicable of the limited liability company:    140   (must company)		UNIT 103, LLC Liability Compa	iny, " "L.L.C	" or "L	LC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging members a	f transacting busi dopting the alterr	ness in Florio nate name. Tl	da and att he alterna	ach a ite name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		on our records, <u>er</u>	nter the name	e of the ne	<u>ew</u>
Name of New Registered Agent:				<u></u>	
New Registered Office Address:		Enton Elonido Co	war Classes		
	Enter Florida Street Address				
<del></del>	City	<del></del>	, Florida	Zip Code	<del></del>
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act and complete perf red agent as prov a the registered o	ormance of my d ided for in Chap	uties, and Î a ter 605, F.S.	un familie Or, if this	ir with s

Title/ Capacity	<u>Name</u>	<u>Address</u> <u>Ty</u>	ype of Action	
лР 	Michael Merino	6741 Orange Dr Davic, FL 33314	□Add	
			■Remov	
<del></del>			□Add	
			Remov	
			□Add	
		TALLAHASSEE, FL	©023 HAR dd 3 AM I ke 59	
			□Add	
aforemention	under the law of which this enjity	ated by the official having eustody of records in the	□Remov	

Filing Fee: \$25.00

### STATE OF WYOMING Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### 14078 SW 260th St Unit 103, LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 23, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001063452**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of November, 2022 at 2:17 PM. This certificate is assigned ID Number 056439431.

Secretary of State

Hal Tally

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.