## 15000119017

(Re	equestor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·······
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FLORIDA DEPARTMENT OF STATE
Division of Corporation ALLAHASSEE, FLORIDA

December 31, 2015

FERNANDO J GRULLON 14452 SW 155 PLACE MIAMI, FL 33196 US

SUBJECT: 14715 SW 138 PL 1, LLC

Ref. Number: L15000119017

We have received your document for 14715 SW 138 PL 1, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 215A00027291

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 14715 500 138Pl 1 Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Fernando J Grullan Name of Person	<del></del>
14715 Sw 138 Pl 1, LLC Firm/Company	
14452 SW 155 Place Address	
Micmi, Florida 33196 City/State and Zip Code	SSET
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Fernand J Grullon at (	305 ) 613-0708  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 amoun	t:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. N	ame of the limited liability company: 14715 SW 138 Pl 1, LC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
•	07/10/2015 15000119017
3.	Date of filing/registration in Florida 4. Document number -
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	tat c
	Tallahassee ,FL32301 2 5
(b)	Fernando J Grulon Enter name of NEW Registered Agent and/or NEW Registered Office address:
	14452 Sw 155 Place  NEW Registered Office Address:
	Man: ,FL 33196
the chagent was/v	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
·	
Sign	ature of a member or authorized representative of a member  Fernando J Grullon  Printed or typed name of signee
I her provi. the ol to me	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept oligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been are in writing of this chapter.

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

Signature of Registered Agent