DOCUMENT# L12000152679

Entity Name: TAMARA C LLC

#### Current Principal Place of Business:

1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414

#### **Current Mailing Address:**

1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414 US

## FEI Number: 39-2080121

### Name and Address of Current Registered Agent:

TOP AGENT INC. 1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE:                    | PATRCIO GONZALEZ E.A.                    |                 |                           | 02/05/2019 |
|-------------------------------|--|-----------------|---------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                           | Date       |
| Authorized Person(s) Detail : |  |                 |                           |            |
| Title                         | MGRM                                     | Title           | MGRM                      |            |
| Name                          | CASTAGNOLA, TAMARA                       | Name            | TORACCA, NOEMI S          |            |
| Address                       | 1842 WILTSHIRE VILLAGE DR                | Address         | 1842 WILTSHIRE VILLAGE DR |            |
| City-State-Zip:               | WELLINGTON FL 33414                      | City-State-Zip: | WELLINGTON FL 33414       |            |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TAMARA CASTAGNOLA

MANAGER

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Feb 05, 2019 Secretary of State 2918578015CC

Certificate of Status Desired: No