

A98 000000 1468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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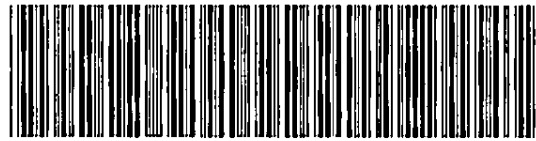
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LLANES FAMILY LIMITED PARTNERSHIP MIAMI

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000001468

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ARMANDO A. PEREZ, ESQ.

Contact Person

ARMANDO A. PEREZ, ESQ.

Firm/Company

7700 N. KENDALL DR., SUITE 606

Address

MIAMI, FLORIDA 33156

City, State and Zip Code

SERVICE@APEREZESQ.COM

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

For further information concerning this matter, please call:

ARMANDO A. PEREZ, ESQ.

at (305-630-3838)

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. THE LLANES FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/12/1998

Date of filing/registration in Florida

3. A98000001468

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FRANKLIN A. LLANES

Name

10040 S.W. 40 STREET

Address

MIAMI, FL 33165

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

TAMARA S. LLANES

Name

13624 N.W. 10th TERRACE

Florida street address (P.O. Box not acceptable)

MIAMI

FL 33182

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

X Tamara S. Llanes
Signature of General Partner

I hereby 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.

X Tamara S. Llanes
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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