

L02000012011

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 4 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA SPECTRUM MANAGEMENT C.O., LLC
(Name of corporation)

DOCUMENT NUMBER: LO2 0000 12011

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

Please return all correspondence concerning this matter to the following:

ALEJANDRA RIVERO
(Name of person)

(Name of firm/company)

1439 Capri Lane #5704
(Address)

WESTON, FL 33326
(City/state and zip code)

For further information concerning this matter, please call:

ALEJANDRA RIVERO at (954) 3996498
(Name of person) (Area code & daytime telephone number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 8, 2003

ALEJANDRA RIVERO
FLORIDA SPLENDID MANAGEMENT CO, LLC
1439 CAPRI LANE #5704
WESTON, FL 33326

SUBJECT: FLORIDA SPLENDID MANAGEMENT CO.,LLC
Ref. Number: L02000012011

We have received your document for FLORIDA SPLENDID MANAGEMENT CO.,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):

You completed the wrong form.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 603A00055138

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: FLORIDA SPLENDID MANAGEMENT CO, LLC
2. The mailing address of the limited liability company is : 1439 CAPRI LANE #5704
WESTON, FLORIDA 33326

10/22/03
3. Date of filing/registration in Florida

LO2 000012011
4. Document number

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

CORONATO ZOGHALI
Name
704 EAGLE POINT SOUTH
Address
KISSIMEE, FL 34746
City, State and Zip

6. The name and address of the new registered agent and/or office:

ALEJANDRA RIVERO
Name
1439 CAPRI LANE #5704
Florida street address (P.O. Box NOT acceptable)
WESTON FL 33326
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Judith Maria Diaz
(Signature of a member or authorized representative of a member)

YUDITH MARIA DIAZ
(Printed or typed name of signer)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Alex Rivera
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314