

L03000021482

03 SEP 21 PM 2009

STATE
ILLINOIS, FLORIDA



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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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03 SEP 24 PM 2:09

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

September 2, 2003

T, LLC
119 MADEIRA AVE.
CORAL GABLES, FL 33134

SUBJECT: T, LLC
Ref. Number: L03000021482

We have received your document for T, LLC. However, the document has not been filed and is being returned for the following:

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

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 303A00048990

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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03 SEP 24 PM 2: 09

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: T, LLC
(Name of corporation)

DOCUMENT NUMBER: LO3000021482

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:

Kyra White
(Name of person)

T, LLC
(Name of firm/company)

119 Madeira Ave
(Address)

Coral Gables, FL 33134
(City/state and zip code)

For further information concerning this matter, please call:

Kyra White at (305) 603-4120
(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

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

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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: T, LLC STATE OF FLORIDA
2. The mailing address of the limited liability company is: 119 Madeira Avenue
Coral Gables, FL 33134
3. Date of filing/registration in Florida 6/13/2003
4. Document number LO3000021482

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

Ater Registered Agents, LLC
Name
2601 S. Bayshore Dr. Ste 600
Address
Miami FL 33133
City, State and Zip

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

Kyra White
Name
119 Madeira Avenue
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33134
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.

Kyra White
(Signature of a member or authorized representative of a member)

Kyra White
(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.

Kyra White
(Signature of Registered Agent)

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