

L04 000054311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

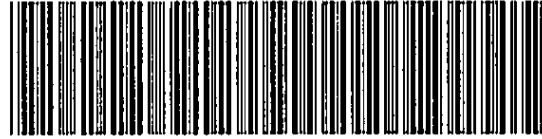
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021-11-29 09:12:04

cc
RHA/RCH

DEC 29 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CR SEAVIEW, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME VELOCCI

Name of Person

Firm/Company

1480 NW 94th AVE.

Address

PLANTATION, FL 33322

City/State and Zip Code

JVELOCCI@RAVENVIRO.COM

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

For further information concerning this matter, please call:

JAIME VELOCCI

954

448-0286

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

already
paid

requesting
certified copy -
check enclosed
for the difference \$30

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021-07-02 PM 12:03

December 7, 2021

JAIME VELOCCI
1480 NW 94TH AVE
PLANTATION, FL 33322

SUBJECT: CR SEAVIEW, LLC
Ref. Number: L04000054311

We have received your document for CR SEAVIEW, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00029407

**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. Name of the limited liability company: CR SEAVIEW, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1480 NW 94th AVE.

1480 NW 94th AVE.

PLANTATION, FL 33322

PLANTATION, FL 33322

L04000054311

3. Date of filing/registration in Florida 4. Document number

5. (a) RALPH VELOCCI
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

349 CENTER ISLAND

GOLDEN BEACH, FL 33160

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

JAIME VELOCCI

NEW Registered Office Address:

1480 NW 94th AVE.

PLANTATION, FL 33322

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.

Jaime Velocci
Signature of a member or authorized representative of a member

JAIME VELOCCI

Printed or typed name of signee

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 605, 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.

Jaime Velocci
Signature of Registered Agent

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