

LO40000068423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

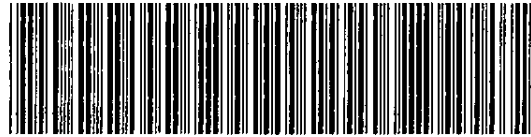
(Business Entity Name)

(Document Number)

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FILED
11 MAY -5 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 06 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE CONQUEST TITLE & ESCROW, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

MARIO AYALDE

Name of Person

ONE CONQUEST TITLE & ESCROW, LLC.

Firm/Company

15800 PINES BLVD. SUITE 205

Address

PEMBROKE PINES, FL. 33027

City/State and Zip Code

marioayalde@oneconquest.com

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

For further information concerning this matter, please call:

MARIO AYALDE

Name of Person

at (954)

346-6000

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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.

- PEMBROKE PINES, FL 33027

- PEMBROKE PINES, FL. 33027

L04000068423

- LUZ TORO

15800 PINES BLVD. SUITE 205
PEMBROKE PINES, FL 33027

- ## THE SAME

(MUST BE FLORIDA STREET ADDRESS)

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent

FILING FEE: \$25.00