## L05000012970

| (Re                                     | equestor's Name)   |             |  |  |  |
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| - (Ad                                   | ldress)            |             |  |  |  |
| (Ci                                     | ty/State/Zip/Phon  | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                                     | usiness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2015

LUISITO RAMOS 147-12 105TH AVE JAMAICA, NY 11435 US

SUBJECT: LEGACY ENTERPRISE 6A, L.L.C.

Ref. Number: L05000012970

We have received your document for LEGACY ENTERPRISE 6A, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 615A00022391

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

|              |   | COVER          | LETTER REGE   |
|--------------|---|----------------|---|
| TO:          | Registration Section  |                | , IECEIVED  |
| 10.          | Division of Corporations  |                | 15 NOV -9 PM  |
| SUBJE        | Legacy Enterprise 6A LLC  |                | SECRETARY OF STATE Liability Company  |
| SOBJE        |   | e of Limited   | Liability Company   |
| Dear Si      | r or Madam:   |                |   |
| -<br>The enc | closed Registered Agent/Registered Offi   | ce Change ar   | d fee(s) are submitted for filing.  |
| Please r     | return all correspondence concerning thi  | s matter to th | e following:  |
| Luicite      | o Ramos   |                |   |
|              | Name of Person  |                | <u> </u>  |
| Legac        | cy QSR Management LLC   |                |   |
|              | Firm/Company  |                | <del></del>   |
| 147-1.       | 2 105th Ave.,   |                |   |
|              | Address   |                |   |
| Jamai        | ica, NY 11435   |                |   |
|              | City/State and Zip Code   |                | <del></del>   |
| louie@       | Dlegacyqsr.com  |                |   |
| E-           | -mail address: (to be used for future ann   | ual report no  | ification)  |
| For furt     | ther information concerning this matter,  | please call:   |   |
| Luisito      | Ramos   | 718            | 846-2371 x 301  |
|              | Name of Person  | ur (           | Area Code & Daytime Telephone Number  |
| • •          | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | F<br>I<br>F    | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 |
|              | Tallahassee, Florida 32301  England is a sheet for the following  | ama4-          | ·   |
|              | Enclosed is a check for the following   |                | Access 10 10 10   |
|              | □ \$25 Filing Fee   |                | \$55 Filing Fee & Certified Copy  |

## 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.

| (a) 147-12 105th Ave., Jamaica, NY 11435  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | (b) 147  | -12 105th Ave., Jamaica, NY 11435  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                              |
|--|--|--|---|
| Principal office address of limited liability company:   |  | (*)  | Mailing address of limited liability company:   |
|  |  |  |   |
| February 8, 2005   |  | L0500  | 00012970  |
| Date of filing/registration in Florida   | 4.                                       |  | Document number   |
| (a) United Corporate Services, Inc.  |  |  |   |
| Registered Agent and Registered Office shown on the records of   | the Flor                                 | ida Dept. o  | f State:  |
| 9200 South Dadeland Blvd., Suite 508 Mian  | ni, FL                                   | 33156  |   |
| Registered Office Address (MUST BE FLORIDA STREET) 9200 South Dadeland Blvd., Suite 508  | ADDRE                                    | (SS)   |   |
| Miami  | 331                                      | 56   | <del></del>   |
| (b) Rex Valencia  Enter name of NEW Registered Agent and/or NEW Registered  13510 Cypress Glen Lane Tampa, FL 3363   |  | address:   | 15 NOV -9 PH L  |
| NEW Registered Office Address:   |  |  | 4: 05   |
| 13510 Cypress Glen Lane  |  |  | ——————————————————————————————————————  |
| Tampa , FL   | 336                                      | 37   |   |
| the limited liability company is not organized under the layer change or changes are made, the Florida street address of ent will be identical. Or, in the case of a Florida limited lias/were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the signature of a member or authorized representative of a member | the real ability of the limited          | gistered o<br>company<br>imited lia<br>d liability | office and the business office of the register<br>(, it is hereby confirmed that the change(s)<br>(bility company or as otherwise provided in |
| nereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete obligation of my position as registered agent as provided merely reflect a change in the registered office address, I lifted in writing of this change.  | ree to a<br>perfor<br>d for in<br>hereby | nct in this<br>mance of<br>n Chapter<br>confirm i  | ·· ·  |
| nature of Registered Agent   |  |  |   |