

105 0000 87 833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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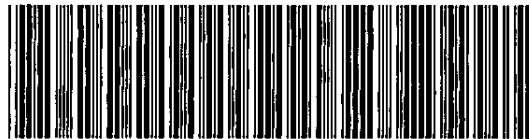
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:     Amendment Section  
          Division of Corporations**

**SUBJECT: LUIS SANTOS LLC**

**DOCUMENT NUMBER: L05000037833**

**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:**

<b>Name of Contact Person:</b>	<b><u>Devin Newman</u></b>
<b>Firm/Company:</b>	<b><u>All Florida Firm, Inc.</u></b>
<b>Address:</b>	<b><u>465 S Volusia Av, Suite C</u></b>
<b>City, State Zip Code</b>	<b><u>Orange City, FL 32763</u></b>

**For further information concerning this matter, please call:**

**Devin Newman at 386-456-0018**

**Enclosed is a \$35 check made payable to the Department of State.**

**Mailing Address:  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUIS SANTOS 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:

DEVIN NEWMAN

(Name of Person)

ALL FLORIDA FIRM INC.

(Firm/Company)

465 S VOLUSIA AVE STE C

(Address)

ORANGE CITY, FL 32763

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS R DOS SANTOS

(Name of Person)

at ( 407 ) 397-7569

(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

**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: LUIS SANTOS LLC

2. The mailing address of the limited liability company is : 4308 BAY VISTA DR  
KISSIMMEE FL 34746

04/19/2005

L05000037833

3. Date of filing/registration in Florida

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:

LUIS R DOS SANTOS

Name

4308 BAY VISTA DR.

Address

KISSIMMEE FL 34746

City, State and Zip

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

ALL FLORIDA FIRM INC.

Name

465 S VOLUSIA AVE STE C

Florida street address (P.O. Box **NOT** acceptable)

ORANGE CITY FL 32763

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.

Devin Newman

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

Devin Newman

(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.*

Devin Newman

(Signature of Registered Agent)

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

FILING FEE: \$25.00

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07 MAR 14 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA