

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only

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18 NOV 30 AM 10: 27 SEGINETANT OF STATE TALLAHASSEE, FLORIDA

S. YOUNG



November 15, 2018

JOSIEL ROMERO ROME-ARROW LLC 506 PEERLESS CIRCLE LEHIGH ACRES, FL 33974

SUBJECT: ROME-ARROW LLC Ref. Number: L18000246432

We have received your document for ROME-ARROW 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 718A00023538

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RECEIVED

SECTORISE SECTIONS SECTION SEC

COVER LETTER

	ation Section 1 of Corporations					
SUBJECT:	XL INVESTMENT LLC					
	Name	of Limited Li	ability Company			
Dear Sir or Mad	lam:					
The enclosed Ro	egistered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please return all	correspondence concerning this	matter to the	following:			
JOSIEL ROM	MERO					
	Name of Person					
ROME-ARRO	OW LLC					
	Firm/Company	<u> </u>	- 		4	
506 PEERLE	ESS CIR			ALC:	∞ ≈	
	Address			HASS	NGV 3	FILED
LEHIGH ACF	RES, FL 33974			min.	30 AN 10: 2	
	City/State and Zip Code		_		2	_
ROMEARRO	OW.LLC@GMAIL.COM				27	
E-mail add	dress: (to be used for future annu	al report notif	ication)			
For further info	rmation concerning this matter, p	lease call:				
JOSIEL ROM	MERO	239	691-1556			
	Name of Person	(Area Code & Daytime Teleph	hone Number		
Registra Divisio Clifton 2661 Es	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle assee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314			
Enclose	ed is a check for the following a	ımount:				
□ \$25	Filing Fee	□ \$:	55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

l.	Na	me of the limited liability company: DXL INVESTM	ENTI	LLC	
2.	(a)	240 N CONGRESS AVENUE	(b)	
((,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. `	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
					(
		BOYNTON BEACH, FL 33426	-		
		OCTOBER 19, 2018		L18002	46432
3.		Date of filing/registration in Florida	4.		Document number
5	(a)	WYANT-CORTEZ & CORTEZ, CHARTERED			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	: Florida	Dept. of St	
		WYANT-CORTEZ & CORTEZ, CHARTERED			>> 2
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			AP δ π
		840 US HIGHWAY ONE SUITE 345			30 ASSE
		NORTH PALM BEACH, FL_3	3408		[編] [11]
	(b)	ROME ARROW LLC			AM 10: 27
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		A 7	
		506 PEERLESS CIR			
		NEW Registered Office Address:		-	
		506 PEERLESS CIR			_
		LEHIGH ACRES FL	3974		_
the ag	ent v is/w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	he regioility control the linumited	stered offi ompany, it nited liabil liability co	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
_	(- find Mornis	70	SIEL RO	Printed or typed name of signee
I pr the to no	here ovisi e obi mer tifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he dim writing of this change. The strength of the property of	erjorm for in 1	iance oj m Chanter 6	apacity. I further agree to comply with the y duties, and I am familiar with and accept 05 F.S. Or if this document is being filed