

6/10/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H150001407453ABC.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

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15 JUN 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
TRIUMPH PROPERTY MANAGEMENT, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

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TALLAHASSEE, FLORIDA

JUN 11 2015
J. HARRIS

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Corporate Filing Menu

Help

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18506176383

FROM Luis Silva

DATE 2015-06-10 19:20:50 GMT

RE LLCREGISTEREDAGENTCHANGETRIUMPHPROPERTY
MANAGEMENT LLC

COVER MESSAGE

((H15000140745 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIUMPH PROPERTY MANAGEMENT, 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:

MARK KOTLAR

Name of Person

Firm/Company

12555 ORANGE DR. SUITE 4097A

Address

DAVIE, FL 33330

City/State and Zip Code

srinformation99@gmail.com

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

For further information concerning this matter, please call:

MARK KOTLAR

Name of Person

at ()

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

INHS18 (2/14)

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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: TRIUMPH PROPERTY MANAGEMENT, LLC.
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
12555 ORANGE DR. SUITE 4097A
DAVIE FL 33024
09/16/2005
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
12555 ORANGE DR. SUITE 4097A
DAVIE FL 33024
L05000091571
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SILVAS FINANCIAL SERVICES LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5220 S UNIVERSITY DR SUITE C-102
DAVIE, FL 33328
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
MARK KOTLAR
NEW Registered Office Address:
12555 ORANGE DR SUITE 4097A
DAVIE, FL 33330

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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.

Signature of a member or authorized representative of a member

MARK KOTLAR

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 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.

Signature of Registered Agent

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

IN11818 (2/14)

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