

LD0000013451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

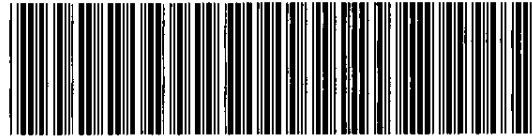
Special Instructions to Filing Officer:

L. SELLERS

1/11/12

EXAMINER

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12 JAN -9 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMVEST BUILDERS 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:

LALOTIS, STAVROS

Name of Person

COMVEST BUILDERS LLC

Firm/Company

8900 N Armenia Ave., Suite 102

Address

Tampa, FL 33604

City/State and Zip Code

connect@comvestmail.com

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

For further information concerning this matter, please call:

LALOTIS, STAVROS

Name of Person

at (813)

935-1512

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2011

STAVROS LALOTIS
8900 N. ARMENIA AVENUE, STE. 102
TAMPA, FL 33604

SUBJECT: COMVEST BUILDERS LLC
Ref. Number: L06000013451

We have received your document for COMVEST BUILDERS 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):

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00027263

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. Name of the limited liability company: COMVEST BUILDERS LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

8900 N. Armenia Ave., Suite 102
Tampa, FL 33604

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

8900 N. Armenia Ave., Suite 102
Tampa, FL 33604

02/06/2006

L06000013451

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:

Registered Agent:

LALOTIS, STAVROS

Registered Office Address:

10200 N. Oakleaf Ave
Tampa, FL 33612

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

LALOTIS, STAVROS

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

8900 N. Armenia Ave., Suite 102

Tampa, FL 33604

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

LALOTIS, STAVROS

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.


Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
JAN - 9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA