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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: 240 E 4th Avi	f Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this m	atter to the following:							
JOSC M BANGA Name of Person								
Firm/Company								
3158 N hayld. Address								
MIRALI BLUCK, PL 33140  City/State and Zip Code								
Pepeg 58 Qhot mail. (ov								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, ple	ase can.							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following am	ount:							
S \$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.

1. Na	me of the limited liability company:	10 E 1	4th Dri	e, W		
2. (a)	3158 N hay Rd		_ (b)	— <b>V</b>		
2. (a)	Principal office address of limited liability co		_ (0)	-	address of limited liability comp	
	(Note: MUST BE STREET ADDRES	হ) হ)		( <u>Note:</u>	: MAY BE POST OFFICE BO	<u>)X</u> )
	MIAMI GLAM, 12 35141	<u>)                                    </u>	<del>.</del> _			
	2/8/1000			L06 0	DOD 14320	
3.	Date of filing/registration in Florid	a	4.	Docur	nent number	
5. (a)	Wells & Wells, P.A.					
J. (w)	Registered Agent and Registered Office shown on th			ot. of State:		
	901 Porce de Leon Blo	nd #2	00			
	Registered Office Address (MUST BE FLORID.	A STREET A	DDRESS)			
					2023	
	Coral loables	, FL_	33/3	4	) <b>DEC</b>	FILE
				· · · · · · · · · · · · · · · · · · ·	15	1
(b)	Jose M lequeig				7880 <b>P</b>	M
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	/ Registered (	Office addres	<u>55</u> :		O
	3158 N Boy Rd.				DOZO DEC 19 PM 3: 25	
	NEW Registered Office Address:				<del>(1</del> )	
	0 0		_	. \		
	Minus Beach	, FL	33/9	10		
change	imited liability company is not organized un or changes are made, the Florida street add	ress of the	registered o	office and the b	ousiness office of the regis	tered
was/w	will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the	members of	f the limited	d liability com	pany or as otherwise prov	
the arti	icles of organization of the operating agreen	ient of the l	limited liab	ility company.	Goude	
Signa	sture of a member or authorized representative of a me	mber		JOSE VVI	ed or typed name of signee	
I horo	by accept the appointment as registered age	ent and agre	e to act in	this capacity	I further agree to comply	with the
provisi	ions of all statutes relative to the proper and ligations of my position as registered agent of ely reflect a change in the registered office of	l complete p as providea	performanc I for in Cha	e of my duties, pter 605, F.S.	, and I am familiar with a Or, if this document is be	nd accept sing filed
to mer notifie	ely reflect a change in the registered office of d in writing of this change.	address, I h	ěreby confi	rm that the lin	nited liability company ha	s been
	1.5					
Signati	ire of Registered Agent					



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## **Detail by Entity Name**

Florida Limited Liability Company 240 E 4TH AVENUE, LLC

Filing Information

**Document Number** 

L06000014320

FEI/EIN Number

N/A

Date Filed

02/08/2006

State

FL

Status

**ACTIVE** 

Last Event

REINSTATEMENT

**Event Date Filed** 

04/10/2017

Principal Address

3158 north bay road Miami beach, FL 33140

Changed: 01/15/2020

Mailing Address

3158 NORTH BAY ROAD MIAMI BEACH, FL 33140

Changed: 08/31/2017

Registered Agent Name & Address

Wells & Wells, P.A.

901 Ponce de Leon Blvd.

Suite 200

Coral Gables, FL 33134

Name Changed: 04/10/2017

Address Changed: 03/28/2018

Authorized Person(s) Detail

Name & Address

Title MGR