

LO60000 23032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

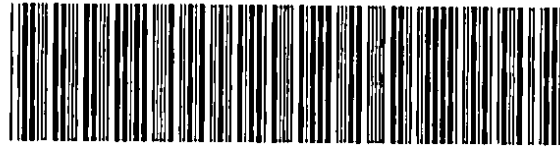
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOMEZ NURSERY 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:

EDUARDO A. GOMEZ

Name of Person

GOMEZ NURSERY, LLC

Firm/Company

OX 960871

Address

MIAMI, FLORIDA 33296

City/State and Zip Code

EDY.GOMEZ@GOMEZSALES.COM

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

For further information concerning this matter, please call:

RIA E. GOMEZ

Name of Person

at (_____)

786-282-1929

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

8 (2/14)
A: D Check No 1752

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: GOMEZ NURSERY, LLC

2. (a) GOMEZ NURSERY LLC (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)

18471 SW 104 STREET

PO BOX 960871

MIAMI, FLORIDA 33196

MIAMI, FLORIDA 33296

03/02/2006

L06000023032

3. Date of filing/registration in Florida 4. Document number

5. (a) EDUARDO A. GOMEZ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

EDUARDO A. GOMEZ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18471 SW 104 STREET

MIAMI, FL 33196

(b) EDUARDO A. GOMEZ

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

GOMEZ NURSERY, LLC

NEW Registered Office Address:

12016 SW. 255 STREET

HOMESTEAD, FL 33032

FILED
2019 JAN -2 PM 6:29
TALLAHASSEE, FLORIDA

Mailing Address

P.O. Box 960871

MIAMI, FLA. 33296

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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) 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.

Eduardo A. Gomez
Signature of a member or authorized representative of a member

EDUARDO A. GOMEZ
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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Eduardo A. Gomez
Signature of Registered Agent