

LD10000060048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

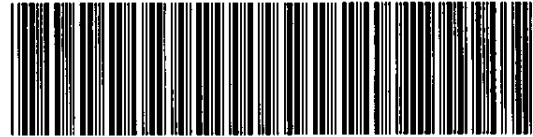
Special Instructions to Filing Officer:

L. SELLERS

AUG 18 2011

EXAMINER

Office Use Only



600210827006

08/15/11--01008--014 **25.00

FILED
AUG 16 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adaris Group Home 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:

Clarivel Albizu
Name of Person

LLC
Firm/Company

8910 N Dale Mabry Hwy (Sut. 23)
Address

Tampa Florida 33614
City/State and Zip Code

clarivel@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarivel Albizu at (813) 935-4790
Name of Person 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

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: Adaris Group Home LLC

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

(Note: **MUST BE STREET ADDRESS**)

8910 W Dale Mabry Hwy
Suite 23 Tampa FL 33614

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

5/31/2007
3. Date of filing/registration in Florida

L 07 0000 600 48
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Clansuel Albizu

Registered Office Address: 7711 N Rome
7711 N Rome Ave
Tampa Florida 33604

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

NEW Registered Agent: _____

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 8910 W Dale Mabry Hwy
Suite 23
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.

Clansuel Albizu
Signature of a member or authorized representative of a member

Clansuel Albizu (Manager)
Printed or typed name of signee

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 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.

Clansuel Albizu
Signature of Registered Agent

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