

(Requestor's Name)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tania Marisol Corredor LLC (Name of Limite	d 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 m	natter to the following:
Tania Marisol Corredor	
(Name of Person)	
Tania Marisol Corredor LLC	
(Firm/Company)	
3843 Virga Blvd	
(Address)	·
Sarasota - Florida - 34233	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, ple	ase call:
Tania Marisol Corredor at (	941 <sub>)</sub> 812-1508
(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 amo	ount:
	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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.

agent, or bolh, in the State of Florida.		
1. The name of the limited liability company is:	Tania Marisol Corredor LLC	
2. The mailing address of the limited liability co	mpany is: 3843 Virga Blvd Sa	arasota - FI -34233
July 13 2007	L070000731	94
3. Date of filing/registration in Florida	4. Document num	ber
100 Carlist	tered office address as shown of Services.  Name  Doive  Address  State and Zip	}
6. The name and address of the new registered ag	•	<u>.</u>
3843 VIV	Vame SA BUD (P.O. Box NOT acceptable)	F F
Sarasota	FL <u>34233</u> . tate and Zip	
City, Si	tate and Zip	: · ·
If the limited liability company is not organized a confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	ade, the Florida street address of the identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	f the registered office of a Florida limited by an affirmative vote
(Signature of a member of buthorized representative of a member Tania Mansol Corredor		
(Printed or typed name of signee)		-
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familian with and accept the obligations Chapter 608, F.S. On, if this document is being hadress. Thereby confirm that the limited liability	ent and agree to act in this cap to the proper and complete per of my position as registered as led to merely reflect a change if company has been notified in t	acity, I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		

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