

LO8000036548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO8-36548

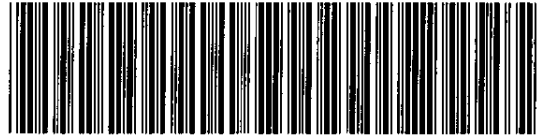
(Document Number)

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A. LUNT  
MAY 21 2008  
EXAMINER

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2008 MAY 20 P 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2008

FRANK VINCENT MONTE  
27616 SONA BLVD.  
WESLEY CHAPEL, FL 33544

SUBJECT: ALLEGRO LLC  
Ref. Number: L08000036548

We have received your document for ALLEGRO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 408A00029575

2008 MAY 20 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Allegro 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:

FRANK VINCENT MONTE  
(Name of Person)

ALLEGRO LLC  
(Firm/Company)

27616 GORA BLVD  
(Address)

Wesley Chapel FL 33544  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FRANK V. MONTE at (813) 363-1186  
(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

*\$35.00 was already paid and  
cleared on 5/1/08*

**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. The name of the limited liability company is: Allegro LLC
2. The mailing address of the limited liability company is : 27616 Soan Blvd.  
Wesley Chapel, FL 33544
3. Date of filing/registration in Florida 4/10/2008
4. Document number L08000036548

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MONTE REAL ESTATE CORP.  
Name  
615 SAVANNAH OAKS DRIVE  
Address  
Brooksville, FL 33602  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Denise Oventon  
Name  
27544 Arlington Road  
Florida street address (P.O. Box NOT acceptable)  
Wesley Chapel FL 33544  
City, State and Zip

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.

Frank V. Monte  
(Signature of a member or authorized representative of a member)

FRANK V. MONTE  
(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 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.

David Smith  
(Signature of Registered Agent)

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

2008 MAY 20 P 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED