

LOS 0000071107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

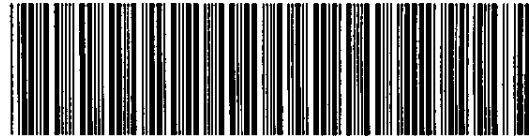
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAYLORD INVESTMENTS 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:

SANDRA VALENZUELA

Name of Person

GAYLORD INVESTMENTS LLC

Firm/Company

P.O. BOX 268572

Address

WESTON, FL 33326

City/State and Zip Code

svalenz1@hotmail.com

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

For further information concerning this matter, please call:

SANDRA VALENZUELA at (954) 990-3462

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2014

GAYLORD INVESTMENTS LLC ***** 3RD MAILING *****
SANDRA VALENZUELA
1260 MAJESTY TERRACE
WESTON, FL 33327

SUBJECT: GAYLORD INVESTMENTS, LLC
Ref. Number: L08000071107

We have received your document for GAYLORD INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 613A00026332



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2013

GAYLORD INVESTMENTS LLC ***** 2ND MAILING *****
SANDRA VALENZUELA
P O BOX 268572
WESTON, FL 33326

SUBJECT: GAYLORD INVESTMENTS, LLC
Ref. Number: L08000071107

We have received your document for GAYLORD INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 613A00026332



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2013

SANDRA VALENZUELA
P O BOX 268572
WESTON, FL 33326

SUBJECT: GAYLORD INVESTMENTS, LLC
Ref. Number: L08000071107

We have received your document for GAYLORD INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 613A00026332

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections ~~608.416~~ ⁶⁰⁵ 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: GAYLORD INVESTMENTS LLC

2. (a) Principal office address of limited liability company: 1260 MAJESTY TERRACE
(Note: **MUST BE STREET ADDRESS**) WESTON, FL 33327

(b) Mailing address of limited liability company: P.O. BOX 268752
(Note: **MAY BE POST OFFICE BOX**) WESTON, FL 33326

03/19/2013

L08000071107

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

VIVANCO & VIVANCO CORPORATE SERVICES LLC

Registered Office Address:

80 SW 8TH STREET, SUITE 2000
BRICKELL BAYVIEW BUILDING
MIAMI, FL 33130

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

NEW Registered Agent:

SANDRA VALENZUELA

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1260 MAJESTY TERRACE
WESTON, FL 33327

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.

Signature of a member or authorized representative of a member

SANDRA VALENZUELA

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 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.

Sandra Valenzuela
Signature of Registered Agent

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