

# LO8 0000 82808

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

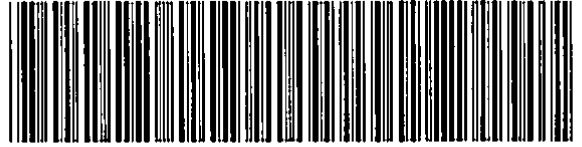
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTH FLORIDA MULTISERVICES 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:

MARTA LETICIA ESCUTIA

\_\_\_\_\_  
Name of Person

SOUTH FLORIDA MULTISERVICES LLC

\_\_\_\_\_  
Firm/Company

5200 NW 31ST AVE APT L210

\_\_\_\_\_  
Address

FORT LAUDERDALE FL 33309

\_\_\_\_\_  
City/State and Zip Code

SFLMULTISERVICES @GMAIL.COM

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

For further information concerning this matter, please call:

MARTA LETICIA ESCUTIA

954 6617044  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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: SOUTH FLORIDA MULTISERVICES LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

5200 NW 31ST AVE APT L210

5200 NW 31ST AVE APT L210

FORT LAUDERDALE FL 33309

FORT LAUDERDALE FL 33309

08/29/2008

L08000082808

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

5. (a) MARTA LETICIA ESCUTIA

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5200 NW 31ST AVE APT L210

FORT LAUDERDALE, FL 33309

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

**NEW** Registered Office Address:

1709 WHITEHALL DR APT 205

DAVIE, FL 33324

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.

Marta Leticia Escutia  
Signature of a member or authorized representative of a member

MARTA LETICIA ESCUTIA

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.*

Marta Leticia Escutia  
Signature of Registered Agent