

LO80000087437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

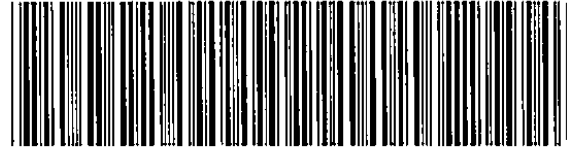
(Business Entity Name)

(Document Number)

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2019 JUL -5 AM 11:18

C. GOLDEN

JUL 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Istana 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:

Gabriel Chee

Name of Person

Istana Investments LLC

Firm/Company

8097 Roma Dune Dr

Address

Wesley Chapel FL 33545

City/State and Zip Code

istana.investments@yahoo.com

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

For further information concerning this matter, please call:

Gabriel Chee

Name of Person

at (813)

995-4470

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

June 18, 2019

GABRIEL CHEE
8097 ROMA DUNE DRIVE
WESLEY CHAPEL, FL 33545

SUBJECT: ISTANA INVESTMENTS LLC
Ref. Number: L08000087437

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

Please list the Florida street address for the new Registered Agent.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00012155

P/s I added the
RA address on the
"New" section but there is
no change to what's already on
file. All I am changing here
is the RA name.

2019 JUL -5 PM 12:07
RECEIVED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: Istana Investments LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

7901 4th St N, STE 300

St Petersburg FL 33702

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

7901 4th St N, STE 4000

St Petersburg FL 33702

09/15/2008

L08000087437

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

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th St N STE 300

St. Petersburg, FL 33702

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7901 4th St N STE 300

St. Petersburg, FL 33702

2019 JUL -5 AM 11:18

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 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

GABRIEL CHEE (mc)
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 understand 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.

Bill Havre
Signature of Registered Agent

Bill Havre - Assistant Secretary

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