## 

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
:		





06/13/17--01026--001 \*\*25.00





June 15, 2017

JOSEPH GARRASI 13050 GRAN BAY PKWY UNIT 221 JACKSONVILLE, FL 32258

SUBJECT: GARRASI, LLC Ref. Number: L08000092682

We have received your document for GARRASI, 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):

Please complete part 5b of application.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00012189

RECEIVED

IN JUN 29 RM 1: 14

SECRETARY OF STATE

ALL AHASSEE, FLORID

FILED
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Garragi, 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:	
Joseph Garrasi Name of Person	
Firm/Company	
13050 Gran Bay Parkway, Unit 221	
Jacksonville, FL 32258 City/State and Zip Code	= 4 T
E-mail address: (to be used for future annual report notification)	· 1 1
For further information concerning this matter, please call:	
Joseph Garrasi at (904) 403-9654	
Name of Person Area Code & Daytime Telephone	
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	JUN 29 M 8:54 ANTASSEE, PLONIDA ANTASSEE, PLONIDA
Enclosed is a check for the following amount:	
<b>☑</b> \$25 Filing Fee	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTÈRED 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.

Florida	
1. Na	me of the limited liability company: \( \frac{1000000000000000000000000000000000000
2. (a)	13050 Gran Bay Parkwayo 13050 Gran Bay Parkwa
, ,	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Unit # 221 Unit # 221
	Jacksonville FL 32258. Jacksonville, FL 3225
	10/1/2008 <u>L08000092682</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Joseph Garragi
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13525 Bayloam lark Blud
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	11 0: L216
	WIITOID
	Jackson ville 32258
(b)	Joseph M. Jarrasi
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	13050 Gran Bay Parkway  NEW Registered Office Address:
	Unit 221
	Jacksonville 32258
	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization or the operating agreement of the limited liability company
X	ill of Joseph Garrasizo
1	ure of a member or authorized representative of a member Printed or typed name of signce
provision the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been fin writing of this change.
/	10 9
Signatur	of Registered Agent