

109000005280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

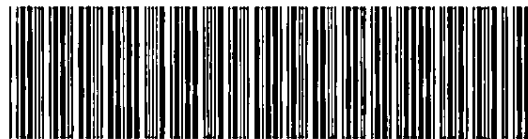
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 27 PM 4:39

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 DEC 27 PM 2:19

December 12, 2022

LUIS E. GARRANCHAN RODRIGUEZ
5301 NW 161 ST
MIAMI GARDENS, FL 33014

SUBJECT: DOLPHIN GLASS SPECIALISTS, LLC
Ref. Number: L09000005280

We have received your document for DOLPHIN GLASS SPECIALISTS, 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):

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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 622A00027565

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11:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dolphin Glass Specialist, 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:

Luis E. Garranchan Rodriguez

Name of Person

Dolphin Glass Specialist, LLC

Firm/Company

5301 NW 161 St

Address

Miami Gardens, FL 33014

City/State and Zip Code

dolphinglass.spec@yahoo.com

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

For further information concerning this matter, please call:

Luis E. Garranchan Rodriguez

305 434-6521
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

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**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: Dolphin Glass Specialist, LLC

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

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

5301 NW 161 St

5301 NW 161 St

Miami Gardens FL, 33014

Miami Gardens, FL 33014

01/16/2009

L09000005280

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:

Arnaldo Garranchan

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

19255 N.E. 10TH AVE., APT. 401

N Miami Beach, FL 33179

(b) LUIS E. GARRANCHAN RODRIGUEZ.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Luis E. Garranchan Rodriguez

NEW Registered Office Address:

5301 NW 161 St

Miami Gardens, FL 33014

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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

LUIS GARRANCHAN
Printed or typed name of signee

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.

Signature of Registered Agent

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