

LD9000032662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

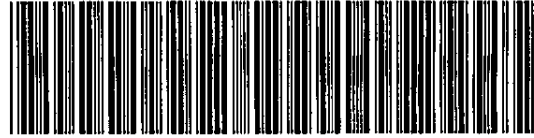
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900277341869

LD9-32662

09/24/15--01008--009 **35.00

stmt chg RA/RO

FILED
15 OCT 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leggrado of Sarasota, 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:

Karen Degand
Name of Person

Leggrado International
Firm/Company

8 West 36th St. 9th Fl.
Address

New York, NY 10018
City/State and Zip Code

karen@leggrado.com
E-mail address: (to be used for future annual report notification)

RECEIVED
15 OCT 26 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Karen Degand at (212) 997-8766 ext. 108
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

October 7, 2015

KAREN DEGAND
LEGGIADRO INTERNATIONAL
8 WEST 36TH STREET, 9TH FLOOR
NEW YORK, NY 10018

SUBJECT: LEGGIADRO OF SARASOTA, LLC
Ref. Number: L09000032662

We have received your document for LEGGIADRO OF SARASOTA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 515A00021232

**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: Leggiadro of Sarasota, 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**)

380 A St. Armands Circle
Sarasota, FL 34236

3. 4/3/09 Date of filing/registration in Florida 4. L09000032662 Document number

5. (a) NRA I Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRA I Services, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
6 Grayvik Drive
Key Largo, FL 33037

(b) Brooks Ross
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Brooks Ross
NEW Registered Office Address:
6 Grayvik Drive
Key Largo, FL 33037

FILED
15 OCT 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Brooks Ross
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.

Signature of Registered Agent