

L09 000084523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

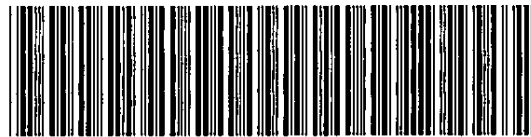
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -2 AM 9:59

B. KOHR

OCT - 5, 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2009

MORAIMA PEREZ CARBALLO
4902 N. MACDILL AVENUE, #1609
TAMPA, FL 33614

SUBJECT: CARBALLO GENERAL SERVICES LLC
Ref. Number: L09000084523

FILED
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DIVISION OF CORPORATIONS
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Please note that the attached filing was received in our office with NO PAYMENT, and that NO PAYMENT has been retained.

The fee to file an R.A. address change is \$25.00.

Please return your filing with a check made payable to "Florida Department of State."

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 709A00030317

COVER LETTER

TO: Registration Section
Division of Corporations

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT-2 AM 9:59

SUBJECT: CARBALLO GENERAL SERVICES 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:

MORAIMA PEREZ CARBALLO

Name of Person

Firm/Company

4902 N MACDILL AVE # 1609

Address

TAMPA, FL 33614

City/State and Zip Code

pimpimponpon@yahoo.com

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

For further information concerning this matter, please call:

MORAIMA PEREZ CARBALLO

Name of Person

at (813)

4030824

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: CARBALLO GENERAL SERVICES

2. (a) Principal office address of limited liability company: 4902 N MACDILL AVE # 220

☒ (Note: **MUST BE STREET ADDRESS**)

TAMPA, FL 33614

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

4902 N MACDILL AVE # 220
TAMPA, FL 33614

09/01/09

3. Date of filing/registration in Florida

4. Document number

109000084523

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

Registered Agent:

MORAIMA PEREZ CARBALLO

Registered Office Address:

4902 N MACDILL AVE # 220
TAMPA, FL 33614

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4902 N MACDILL AVE # 1609

TAMPA, FL 33614

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

Moraima Perez Carballo
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 608, 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