

LO9000094606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

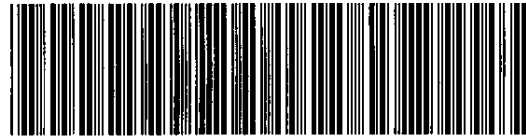
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 18 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2010

CARMEM G. NEGRON
4260 LASALLE AVE
ST CLOUD, FL 34772

SUBJECT: YOUR WAY REALTY & PROPERTY MANAGEMENT,PL
Ref. Number: L09000094606

We have received your document for YOUR WAY REALTY & PROPERTY MANAGEMENT,PL and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00026378

FILED
10 NOV 17 PM 5:00
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Way Realty + Property Management, PLLC
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:

Carmen G. Negrón
Name of Person

Your Way Realty + Property Mgmt, PLLC
Firm/Company

4260 Lo Salle Avenue
Address

St. Cloud, FL 34772
City/State and Zip Code

AUTONBODY@AOL.COM
E-mail address: (to be used for future annual report notification)

FILED
10 NOV 17 PM 5:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carmen G. Negrón at (407) 891-8958
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

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: Your Way Realty + Property Mgmt, PLLC.

2. (a) Principal office address of limited liability company: 4260 LaSalle Avenue
☒ (Note: **MUST BE STREET ADDRESS**) St. Cloud, FL 34772

(b) Mailing address of limited liability company: P.O. Box 70187
☒ (Note: **MAY BE POST OFFICE BOX**) St. Cloud, FL 34770

10-1-2009
3. Date of filing/registration in Florida

L09000094606
4. Document number

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

Registered Agent:

Carmen G. Negrón

Registered Office Address:

1401 Budinger Ave Suite # C
St. Cloud, FL 34770

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

NEW Registered Agent:

Carmen G. Negrón

NEW Registered Office Address:

4260 LaSalle Avenue

(MUST BE FLORIDA STREET ADDRESS)

St. Cloud, FL 34772

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.

Carmen G. Negrón
Signature of a member or authorized representative of a member

Carmen G. Negrón
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.

Carmen G. Negrón
Signature of Registered Agent

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