

600319872606

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(City/State/Zip/Phone #)

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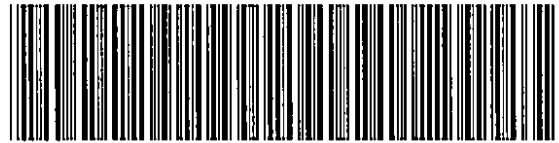
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TALLAHASSEE, FLORIDA

D. SCOTT

JAN 8 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2018

ROBERT M GAGLIO
PO BOX 374
ANA MARIA, FL 34216

SUBJECT: R. M. GAGLIO & ASSOCIATES, L.L.C.
Ref. Number: L09000118201

We have received your document for R. M. GAGLIO & ASSOCIATES, L.L.C. however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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 Scott
Regulatory Specialist II

Letter Number: 718A00026023

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2019 JAN - 2 A 3:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. M. Gaglio & Associates, L.L.C.
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:

Robert M. Gaglio
Name of Person

R. M. Gaglio & Associates, L.L.C.
Firm/Company

P.O. Box 374
Address

Anna Maria, FL 34214
City/State and Zip Code

rgaglio11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Gaglio at (239) 223-4548
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

2018 DEC 18 AM 11:47
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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

**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: R. M. Gaglio & Associates, L.L.C.

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**)

304 Magnolia Street
Anna Maria, FL 34216

P.O. Box 374
Anna Maria, FL 34216

3. 12/14/2009 4. LO9000118201
Date of filing/registration in Florida Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
3700 S. Osprey Ave., Apt 320
Sarasota, FL 34239

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

NEW Registered Office Address:
304 Magnolia Street
Anna Maria, FL 34216

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]
Signature of a member or authorized representative of a member

Robert M. Gaglio
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]
Signature of Registered Agent

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