

LO9000121469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10 JUN - 2 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sol Architecture and Partners, 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:

Javier De Juan

Name of Person

Sol Architecture and Partners, LLC

Firm/Company

5401 SOUTH KIRKMAN ROAD STE 310

Address

ORLANDO, FL 32711

City/State and Zip Code

JAVIER@sol-architecture.com

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

For further information concerning this matter, please call:

Javier De Juan

Name of Person

at ( 352 ) 815-0136

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

May 17, 2010

JAVIER DE JUAN  
5401 SOUTH KIRKMAN ROAD, STE. 310  
ORLANDO, FL 34711

SUBJECT: SOL ARCHITECTURE AND PARTNERS, LLC  
Ref. Number: L09000121469

We have received your document for SOL ARCHITECTURE AND PARTNERS, 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):

Every entity registered with this office must maintain a registered agent at a Florida street address.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 510A00012392

**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: SOL ARCHITECTURE & PARTNERS LLC

2. (a) Principal office address of limited liability company:

SUITE 310



(Note: **MUST BE STREET ADDRESS**)

5401 SOUTH KIRKMAN RD.  
ORLANDO, FL 32819

(b) Mailing address of limited liability company:

SUITE 310



(Note: **MAY BE POST OFFICE BOX**)

5401 SOUTH KIRKMAN RD.  
ORLANDO, FL 32819

December 31, 2009

3. Date of filing/registration in Florida

L09000121469

4. Document number

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

Registered Agent:

JAVIER DE JUAN JAT

Registered Office Address:

10723 SWALLOW PT.  
CLERMONT, FL 34711

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

**NEW Registered Agent:**

IRAI DA DE JUAN JAT

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

10723 SWALLOW PT.

CLERMONT, FL 34711

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.

Javier De Juan  
Signature of a member or authorized representative of a member

JAVIER DE JUAN  
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.

Iraida De Juan  
Signature of Registered Agent

FILED  
10 JUN - 2 PM  
TALLAHASSEE, FL  
SECRETARY OF STATE