

110 000020974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/25/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QS Key West Aloe, 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:

Gary Langton

Name of Person

QS Key West Aloe, LLC

Firm/Company

P.O. Box 320878

Address

Tampa, FL 33629

City/State and Zip Code

jcaglianone@keywestaloe.com

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

For further information concerning this matter, please call:

Johanne Caglianone

Name of Person

at (813) 675-0029

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

pre-paid



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 22 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FL

March 2, 2022

GARY LANGTON
13095 TELECOM PARKWAY N
TAMPA, FL 33637

SUBJECT: QS KEY WEST ALOE, LLC
Ref. Number: L10000020974

We have received your document for QS KEY WEST ALOE, 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):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 022A00005074

Please find correct form attached

**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: DS Key West Aloe, LLC
2. (a) Principal office (b) Mailing address
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
13095 Telecom Pkwy N
Tampa, FL 33637
3. 02/24/2010 4. L10000020974
Date of filing/registration in Florida Document number

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

1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th Street N, suite 300
St. Petersburg, FL 33702

- (b) Gary Langton
Enter name of NEW Registered Agent and/or NEW Registered Office address:
13095 Telecom Pkwy N
Tampa, FL 33637
NEW Registered Office Address:
Tampa, FL 33637
_____, FL _____

FILED
2022 APR 22 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FL

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] Gary J. Langton
Signature of a member or authorized representative of a member 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]
Signature of Registered Agent

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