

# LI00000037513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

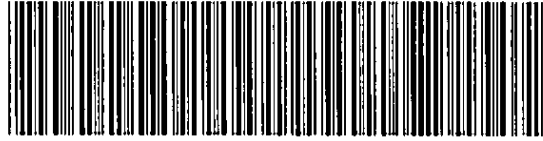
(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 MAY 21 PM 12:44

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY 21 AM 11:20

TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext:  
Date: 05/15/24  
Order #: 1500522-1  
Re: Danunz 22, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

AUTH:

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the word "AUTH:".

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DANUNZ 22, 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:

DONNA D'ANNUNZIO  
Name of Person

DANUNZ 22, LLC  
Firm/Company

9313 IULIANO TERRACE  
Address

NAPLES FL 34119  
City/State and Zip Code

DANNUNZIO22@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA D'ANNUNZIO at ( 908 ) 377-1886  
Name of Person 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

**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: DANUNZ22, LLC

2. (a) DONNA D'ANNUNZIO

Principal office address of limited liability company:

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

9313 TULIPANO TERRACE  
NAPLES, FL 34119

04-07-2010

3. Date of filing/registration in Florida

(b) DONNA D'ANNUNZIO

Mailing address of limited liability company:

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

9313 TULIPANO TERRACE  
NAPLES, FL 34119

L10000037513

Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 WAYS STREET

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE, FL 32301

(b) DONNA D'ANNUNZIO

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

9313 TULIPANO TERRACE

**NEW Registered Office Address:**

NAPLES, FL 34119

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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.

Donna D'Annunzio  
Signature of a member or authorized representative of a member

DONNA D'ANNUNZIO  
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.*

Donna D'Annunzio  
Signature of Registered Agent

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

FILING FEE: \$25.00