

1000004058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 19 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2010

JUAN R MANZANO
51 NE 24 STREET #4
WILTON MANORS, FL 33305-1039

SUBJECT: JR MANZANO, LLC
Ref. Number: L10000040058

We have received your document for JR MANZANO, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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: 110A00022635

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JR MANZANO 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:

Juan R Manzano

Name of Person

JR MANZANO LLC

Firm/Company

51 BE 24th Street #4

Address

Wilton Manors, FL 33305-1039

City/State and Zip Code

manzano73@hotmail.com

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

For further information concerning this matter, please call:

Juan Manzano

Name of Person

at (954)

599 1334

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JR MANZANO LLC

2. (a) Principal office address of limited liability company: 51 NE 24 Street



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

#4

Wilton Manors FL 33305-1039

(b) Mailing address of limited liability company: 51 NE 24 Street



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

#4

Wilton Manors FL 33305-1039

04/13/2010

L 100000040058

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Business Filings Incorporated

Registered Office Address:

1203 Governor's Square Blvd
Suite 101
Tallahassee FL 32301-2960 US

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

NEW Registered Agent:

Juan R Manzano

NEW Registered Office Address:

51 NE 24 Street

(MUST BE FLORIDA STREET ADDRESS)

#4

Wilton Manors, FL 33305-1039

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 of a member or authorized representative of a member

Juan R Manzano

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 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.


Signature of Registered Agent

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

FILING FEE: \$25.00