

L10000100800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

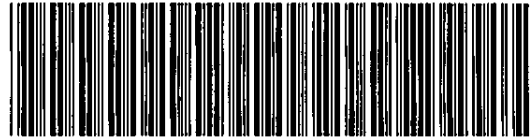
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264149790

09/16/14--01011--011 **55.00

FILED
14 SEP 16 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roncetti, 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:

Angela H. Gantt

Name of Person

A H Gantt CPA & Associate PA

Firm/Company

306 Ocoee-Apopka Rd Ste 2

Address

Ocoee, FL 34761

City/State and Zip Code

angela@ahganttcpa.com

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

For further information concerning this matter, please call:

Angela H. Gantt

at (407)

880-7122

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

FILED
14 SEP 16 PM 5:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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: Roncetti, LLC

2. (a) 7380 W. Sand Lake Rd, Ste 500 (b) 7380 W. Sand Lake Rd. Ste 500

Principal office address of limited liability company:

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

Orlando, FL 32819

Mailing address of limited liability company:

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

Orlando, FL 32819

09/27/2010

L10000100800

3. Date of filing/registration in Florida

4. Document number

5. (a) Larson Accounting & Consulting Service LLC

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

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

8615 Commodity Circle, Suite 6

Orlando, FL 32819

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

A.H. Gantt CPA & Associates PA

NEW Registered Office Address:

306 Ocoee-Apopka Rd, Ste 2

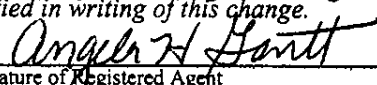
Ocoee, FL 34761

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

Samuel Roncetti
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 of Registered Agent

FILED
14 SEP 16 PM 5:04
TALLAHASSEE, FL
SECRETARY OF STATE