

# L10000104819

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

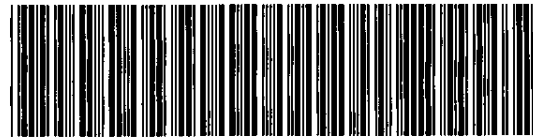
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 26 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2012

DIANA GARCES  
150 E ROBINSON ST, #200  
ORLANDO, FL 32801

SUBJECT: TRUST FORTE, LLC  
Ref. Number: L10000104819

We have received your document for TRUST FORTE, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 212A00000831

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12 JAN 25 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2012

DIANA GARCES  
150 E. ROBINSON STREET, #200  
ORLANDO, FL 32801

SUBJECT: TRUST FORTE, LLC  
Ref. Number: L10000104819

We have received your document for TRUST FORTE, 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):

There is a balance due of \$60.00.

The fee to resign from a active LLC is \$85 or you can file the RA change form and appoint another agent for the \$25 fee. See enclosed form.

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: 512A0000013

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12 JAN 25 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trust Forte, 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:

Diana Garces

Name of Person

Trust Forte, LLC

Firm/Company

150 E Robinson St #200

Address

Orlando, FL, 32801

City/State and Zip Code

dianagppg@gmail.com

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

For further information concerning this matter, please call:

Diana Garces

Name of Person

at (321) 332-6939

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:

☒ <sup>60</sup>~~25~~ Filing Fee

☐ \$55 Filing Fee & Certified Copy

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12 JAN 25 AM 11:59  
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 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: Trust Forte LLC
2. (a) Principal office address of limited liability company: 150 E Robinson St #200  
Orlando FL 32801  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 150 E Robinson St #200  
Orlando, FL, 32801  
**(Note: MAY BE POST OFFICE BOX)**
3. Date of filing/registration in Florida: 01-09-2012
4. Document number: L10000104819
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Melinda Tosch Giordano  
Registered Office Address: 150 E Robinson St #200  
Orlando FL, 32801
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Diana Garces  
**NEW Registered Office Address:** 150 E Robinson St #200  
**(MUST BE FLORIDA STREET ADDRESS)** Orlando FL  
FL 32801

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]  
Signature of a member or authorized representative of a member

Diana Garces  
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.

[Signature]  
Signature of Registered Agent

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

FILED  
12 JAN 25 AM 11  
TALLAHASSEE, FL 32314  
SECRETARY OF STATE