

L100008120690

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TALLAHASSEE, FLORIDA

T. CLINE

DEC 30 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2010

FRANCISCO J. GONZALEZ, ESQ.
1525 INTERNATIONAL PARKWAY, SUITE 4021
HEATHROW, FL 32746

SUBJECT: GONZALEZ LAW FIRM, P.L.
Ref. Number: L10000120690

We have received your document for GONZALEZ LAW FIRM, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 410A00029111

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gonzalez Law Firm, PL
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:

Francisco J. Gonzalez, Esq.

Name of Person

Gonzalez Law Firm, PL

Firm/Company

1525 International Parkway, Suite 4021

Address

Heathrow, Florida 32746

City/State and Zip Code

frangonzalez@bellsouth.net

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

For further information concerning this matter, please call:

Name of Person _____ at (_____) _____
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

INHS18 (5/08)

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: Gonzalez Law Firm, PL

2. (a) Principal office address of limited liability company: 5224 W. State Road 46

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

#370

Sanford, FL 32771

(b) Mailing address of limited liability company: 5224 W. State Road 46

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

#370

Sanford, FL 32771

11/19/2010

L10000120690

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:

Francisco J. Gonzalez, Esq.

Registered Office Address:

5224 W. State Road 46

#370

Sanford, FL 32771

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1525 International Parkway

Suite 4021

Heathrow, FL 32746

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

Francisco J. Gonzalez, Esq.

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