

L10 0000128989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

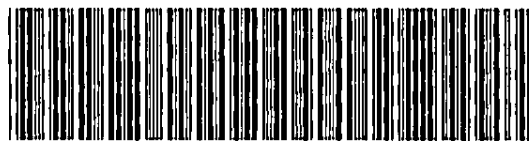
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
5-21-20

01:01:11 12:11:0702

Office Use Only



700344933567

05/22/20--01003--005 **25.00

FILED
2020 MAY 21 AM 6:40
CLERK OF SUPERIOR COURT
JANET M. STANLEY
CLERK OF SUPERIOR COURT

JUN 10 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASABLANCA UNITS 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:

Ciro Campagnoli

Name of Person

Firm/Company

2727 Hilola St

Address

Miami, FL 33133

City/State and Zip Code

cirocampagnoli@gmail.com

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

For further information concerning this matter, please call:

... Ciro Campagnoli

Name of Person

at (_____) _____

646.506.8802

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: CASABLANCA UNITS LLC

2. (a) 1001 Brickell Bay Dr ste 2508 (b) _____

Principal office address of limited liability company:

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

Miami, FL, 33131

Mailing address of limited liability company:

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

12/16/2010

L10000128989

3. Date of filing/registration in Florida

4. Document number

5. (a) Guido Po

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

1001 Brickell Bay Dr ste 2508

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

Miami, FL, 33131

_____, FL _____

(b) Ciro Campagnoli

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

382 NE 191st St, PMB 80405

NEW Registered Office Address:

Miami, FL 33179-3899

FILED
2020 MAY 21 AM 6:40
TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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

Ciro Campagnoli

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.

→ [Signature]
Signature of Registered Agent

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