

L1100000391039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

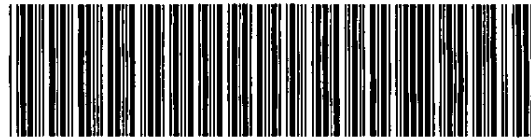
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400289958724

09/19/16--01024--022 **25.00

SEP 20 2016

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
16 SEP 19 PM 4:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orinoco 360 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:

Pedro E. Dominguez

Name of Person

Orinoco 360 LLC

Firm/Company

2695 NW 122nd Ave

Address

Coral Springs, FL 33065

City/State and Zip Code

pedro@orinoco360.com

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

For further information concerning this matter, please call:

Pedro E. Dominguez

at (954)

600-0792

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
CLERK OF STATE
TALLAHASSEE, FLORIDA
16 SEP 19 PM 4:00

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.

2. (a) 2695 NW 122nd Ave (b) 2695 NW 122nd Ave

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Coral Springs, FL 33065

L11000039039

4. Document number

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

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

Coral Springs, FL 33065

NEW Registered Office Address:

_____, FL

Pedro E. Dominguez

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)