

L11000106810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

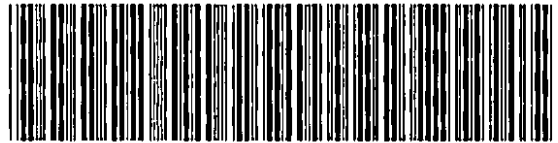
(Business Entity Name)

(Document Number)

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JUN 29 2020

FILED
2020 JUN 29 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE

AUG 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUILEASING,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:

DANIEL LOPEZ

Name of Person

EQUILEASING,LLC

Firm/Company

4825 SW 75 AVE.

Address

MIAMI,FLORIDA 33155

City/State and Zip Code

GINAL825@AOL.COM

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

For further information concerning this matter, please call:

DANIEL LOPEZ

786

547-0990

at (_____) _____

Name of Person

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

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2020 JUN 29 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL

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.

INJIS18 (2/14)

FILED
2020 JUN 29 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL