

L11000125758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN 11 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2011

ALBERT COBOS
18103 LEATWOOD CIRCLE
LUTZ, FL 33558

SUBJECT: COBOS CONSTRUCTION SERVICES LLC
Ref. Number: L11000125758

We have received your document for COBOS CONSTRUCTION SERVICES 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):

Albert Cobos is not listed as registered agent he is listed as managing member.

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 211A00027648

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ATTENTION TAMMI CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COBOS CONSTRUCTION SERVICES L.L.C
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:

ALBERT COBOS

Name of Person

COBOS CONSTRUCTION SERVICES L.L.C

Firm/Company

18103 LEAFWOOD CIRCLE

Address

LUTZ, FL 33558

City/State and Zip Code

ALCOBOS63 @ GMAIL, COM

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

For further information concerning this matter, please call:

ALBERT COBOS

Name of Person

at (813) 244-2589

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)

I HAVE ALREADY SENT \$ 25.00 DOLLARS

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TALLAHASSEE, FLORIDA

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ATTENTION TANNI CLINE

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: COBOS CONSTRUCTION SERVICES L.L.C

2. (a) Principal office address of limited liability company: 18103 LEAFWOOD CIRCLE

(Note: MUST BE STREET ADDRESS)

LUTZ, FL 33558

(b) Mailing address of limited liability company:

18103 LEAFWOOD CIRCLE

(Note: MAY BE POST OFFICE BOX)

LUTZ, FL 33558

DATE OF FORMATION 11-4-11

3. Date of filing/registration in Florida

L11000125758

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SHEILA DANG US CORP. AGENTS INC

Registered Office Address:

13302 WINDING OAK COURT A

TAMPA, FL 33612

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

NEW Registered Agent:

ALBERT COBOS

NEW Registered Office Address:

18103 LEAFWOOD CIRCLE

(MUST BE FLORIDA STREET ADDRESS)

LUTZ FL 33558

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

ALBERT COBOS

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

2012 JAN 11 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA