# L11000136051

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | ldress)            |             |  |  |
| (Ad                                     | ldress)            | <u></u>     |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| . PICK-UP                               | ☐ WAIT             | MAIL        |  |  |
| (Business Entity Name)                  |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |

Office Use Only



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DIVISION OF CORPORATION:
2013 FEB - 7 AM 8: LA

C. LEWIS FEB - 8 2013 EXAMINER

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: TU REFUGIO, 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:

## MARIA CAROLINA DIAZ

Name of Person

Firm/Company

# 1830 GREYSTONE HEIGHTS DR

Address

## VALRICO, FLORIDA 33594

City/State and Zip Code

## MARIACARODIAZ@GMAIL.COM

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

For further information concerning this matter, please call:

# MARIA CAROLINA DIAZ at 407 6874496

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

# 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. Na  | me of the limited liability company: TU REFUGIO, LLC   |  |  |  |
|--|--|--|--|--|
| 2. (a)   | Principal office address of limited liability company  |  | <u></u>  |  |
|  | (Note: MUST BE STREET ADDRESS)   | ALTAMONTE SPRINGS FL 32714   | <u> </u>   |  |
|  |  |  | <u> </u>   |  |
| (b) Mailing address of limited liability company | Mailing address of limited liability company:  | 1830 GREYSTONE HEIGHTS DR  | EB OF  |  |
| (Note: MAY BE POST OFFICE BOX)                   |  | VALRICO FL 33594   |  |  |
|  | THORE MAIN BELLOST OF THE BON  |  | <del> </del>   |  |
|  | •  |  | <b>3</b>   |  |
| 12/01/20   | 111  | L11000136051   | H CONTRACTOR   |  |
|  |  |  | 8: 46<br>8: 46   |  |
| 3. Da  | te of filing/registration in Florida   | 4. Document number   | <b>F</b> 3   |  |
| 5. (a  | Registered Agent and Registered Office shown on  | •  |  |  |
|  | Registered Agent:  | CALDERON, CARLOS   | · · · · · · · · · · · · · · · · · · ·  |  |
|  | Registered Office Address:   | 123 W. HILLCREST STREET  |  |  |
|  | Registered Office Address.   | ALTAMONTE SPRINGS FL 32714   |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (b)  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :   | W Registered Office address:  MARIA CAROLINA DIAZ  |  |  |
| NEW Registered Office Address:                   |  | 830 GREYSTONE HEIGHTS DR   |  |  |
|  | (MUST BE FLORIDA STREET ADDRESS)   |  |  |  |
|  |  | VALRICO  | FL_33594   |  |
| confir and the liabilithe methe op               | limited liability company is not organized under the med that after the change or changes are made, the F me business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.  The of a member or authorized representative of a member or typed name of signee. | lorida street address of the regis   | tered office   |  |
| compl<br>and I<br>Chapi<br>addre                 | by accept the appointment as registered agent and a y with the provisions of all statutes relative to the proaf am familiar with and accept the obligations of my power old, IF.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liablety company  | gree to act in this capacity. I fu<br>oper and complete performance<br>sition as registered agent as pro<br>rely reflect a change in the regi<br>y has been notified in writing of | orther agree to<br>of my duties,<br>ovided for in<br>stered office<br>this change. |  |

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