

L11000138184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

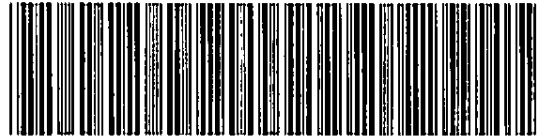
(Business Entity Name)

(Document Number)

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FEB 08 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA ENTERPRISES, 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:

SCOTT S. SHEFFLER, ESQUIRE

Name of Person

WORMAN & SHEFFLER, P.A.

Firm/Company

2707 W. FAIRBANKS AVE., STE. 200

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

ssheffler@wormanlaw.com

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

For further information concerning this matter, please call:

Scott S. Sheffler at () 407/843-5353
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2018

SCOTT S SHEFFLER
WORMAN & SHEFFLER, PA
2707 W FAIRBANKS AVE, SUITE 200
WINTER PARK, FL 32789

SUBJECT: CENTRAL FLORIDA ENTERPRISES, LLC.
Ref. Number: L11000138184

We have received your document for CENTRAL FLORIDA ENTERPRISES, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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 call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00001256

RECEIVED
FEB 08 2018

**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: Central Florida Enterprises, LLC

2. (a) 1700 Timacuan Way (b) _____
Principal office address of limited liability company Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Longwood, Florida 32750

3. 12/7/2011 4. L11000138184
Date of filing/registration in Florida Document number

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

1700 Timacuan Way

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Longwood, FL 32750

(b) Nelson D. Bruno
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

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.

Joaquim DaSilva
Signature of member or authorized representative of a member

Joaquim DaSilva, Member

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