

L11000140838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

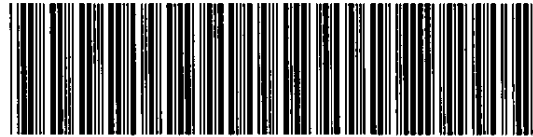
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 25 PM 3:51
STATE OF FLORIDA
TALLAHASSEE

K. SALY
EXAMINER
JAN 29 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2012

TAMPA FINANCIAL SOLUTIONS LLC
JAYESH PATEL
20020 NOB OAK AVE.
TAMPA, FL 33647

SUBJECT: TAMPA FINANCIAL SOLUTIONS, LLC
Ref. Number: L11000140838

We have received your document for TAMPA FINANCIAL SOLUTIONS, 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):

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

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 212A00027511

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Financial Solutions 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:

Jayesh Patel
Name of Person

Tampa Financial Solutions LLC
Firm/Company

20020 NOB OAK AVENUE
Address

TAMPA FL 33647
City/State and Zip Code

duxdip1998@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayesh Patel at (267) 679 4177
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. Name of the limited liability company: TAMPA FINANCIAL SOLUTIONS LLC

2. (a) Principal office address of limited liability company: 20020 NOB OAK AVENUE

(Note: **MUST BE STREET ADDRESS**)

Tampa, FL 33647

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

110 Tatham Road
Bensalem, PA 19020

December 15, 2011

3. Date of filing/registration in Florida

L11000140838

4. Document number

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

Registered Agent:

The Company Corporation

Registered Office Address:

8109 Benjamin Road
Tampa, Florida 33634

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

NEW Registered Agent:

JAYESH PATEL

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

20020 NOB OAK Avenue
Tampa, FL 33647

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 member or authorized representative of a member

Jayesh Patel

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

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JAN 25 PM 3:51
TALLAHASSEE, FL