

L12000005874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

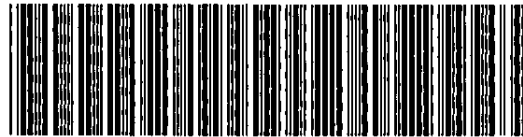
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 13 PM 3:03

C. LEWIS
SEP -14 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2012

RAMIRO DIEGO ABRAN / TANGO HOLISTIC SPA
475 BILTMORE WAY#309
CORAL GABLES, FL 33134

SUBJECT: TANGO HOLISTIC SPA LLC
Ref. Number: L12000005874

We have received your document for TANGO HOLISTIC SPA 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):

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00022494

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TANGO HOLISTIC SPA 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:

RAMIRO DIEGO ABRAN

Name of Person

TANGO HOLISTIC SPA

Firm/Company

475 BILTMORE WAY, #309

Address

CORAL GABLES, FL 33134

City/State and Zip Code

TANGO HOLISTIC SPA@GMAIL.COM

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

For further information concerning this matter, please call:

RAMIRO DIEGO ABRAN

Name of Person

at (305)

600-4423

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: TANGO HOLISTIC SPA LLC

2. (a) Principal office address of limited liability company: TANGO HOLISTIC SPA

(Note: MUST BE STREET ADDRESS)

475 BILTMORE WAY, #309
CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

TANGO HOLISTIC SPA
475 BILTMORE WAY, #309
CORAL GABLES, FL 33134

01/12/2012

3. Date of filing/registration in Florida

L12000005874

4. Document number

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

Registered Agent:

RAMIRO DIEGO, ABRAN

Registered Office Address:

475 BILTMORE WAY
OFFICE 309 C/O TANGO HOLISTIC SPA
CORAL GABLES, FL 33134 US

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

NEW Registered Agent:

KARINA GLADYS RUSSO

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

TANGO HOLISTIC SPA
475 BILTMORE WAY, #309
CORAL GABLES, FL 33134

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

RAMIRO DIEGO ABRAN

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.

x Ramiro Diego Abran
Signature of Registered Agent

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

FILING FEE: \$25.00