

L12000023131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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NOV 06 2014

T. CARTER

LLC RA/RD Change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGEL-LI 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:

Marisol Sanchez

Name of Person

Angel-Li LLC

Firm/Company

10258 NW 46 STREET

Address

SUNRISE, FL 33351

City/State and Zip Code

alasdeangels@gmail.com

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

For further information concerning this matter, please call:

Marisol Sanchez

at (954)

610 2885

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

October 3, 2014

MARISOL SANCHEZ
10258 N.W. 46 STREET
SUNRISE, FL 33351 US

SUBJECT: ANGEL-LI LLC
Ref. Number: L12000023131

We have received your document for ANGEL-LI 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 limited liability company. 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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 514A00021200

RECEIVED
14 NOV -3 AM 8:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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: Angeli-Li LLC

2. (a) 10258 NW 46 STREET

Principal office address of limited liability company:

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

Sunrise, FL 33351

(b) _____

Mailing address of limited liability company:

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

02/14/2012

LI2000023131

3. Date of filing/registration in Florida

4.

Document number

5. (a) Gustavo E Guzman

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11910 nw 38th PL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sunrise, FL 33323

(b) Gustavo E Guzman

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

10258 nw 46 street

NEW Registered Office Address:

Sunrise, FL 33351

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]
Signature of a member or authorized representative of a member

Marisol Sanchez
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

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TALLAHASSEE, FLORIDA
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