

L12 0000 55473

(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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TALLAHASSEE, FLORIDA

2014 MAR 24 PM 3:18

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2014

JORGE OSPINA
1827 SHADOW CREEK
WEST PALM BEACH, FL 33411

SUBJECT: TAJO DISTRIBUTOR LLC
Ref. Number: L12000055473

We have received your document for TAJO DISTRIBUTOR 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 registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 614A00005199

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 24 PM 3:10

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2014

JORGE OSPINA
1827 SHADOW CREEK
WEST PALM BEACH, FL 33411

SUBJECT: TAJO DISTRIBUTOR LLC
Ref. Number: L12000055473

We have received your document for TAJO DISTRIBUTOR 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.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 914A00003281

2014 MAR 24 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tajo Distrubutors 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:

Jorge Ospina

Name of Person

Tajo Distrubutors LLC

Firm/Company

1827 shadow creek

Address

west palm beach FL 33411

City/State and Zip Code

jmcano82@hotmail.com

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

For further information concerning this matter, please call:

Jorge Ospina

Name of Person

at (561) 932-5550

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

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2014 MAR 24 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Tajo Distributors LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

April 24, 2012

L12000055473

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays Street

Tallahassee FL 32301

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

NEW Registered Agent:

Jorge Ospina

NEW Registered Office Address:

1827 Shadow Creek

(**MUST BE FLORIDA STREET ADDRESS**)

West Palm Beach, FL 32301

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.

Jorge Mario Ospina
Signature of a member or authorized representative of a member

Jorge Ospina

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 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.

Jorge Mario Ospina
Signature of Registered Agent

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