L12000083679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800267387008

12/29/14--01031--020 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 27 AM 10:00

JAN 29 2015

T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RETOMAS BANCOS FLORIDA 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:

JOAO P. FONSECA
Name of Person

RETOMAS BANCOS FLORIDA LLC
Firm/Company

8551 W. Sunrise Blvd # 100
Address

PLANTATION, FL 33322
City/State and Zip Code

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

For further information concerning this matter, please call:

Paulo De Bastos at (954) 452-0030
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: already taken out of my bank account

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JAN 27 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

January 12, 2015

JOAO P. FONSECA
RETOMAS BANCOS FLORIDA LLC
8551 W SUNRISE BLVD #100
PLANTATION, FL 33322 US

SUBJECT: RETOMAS BANCOS FLORIDA LLC
Ref. Number: L12000083679

We have received your document for RETOMAS BANCOS FLORIDA 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 LIABILTY 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: 215A00000327

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: RETOMAS BANCOS FLORIDA LLC

2. (a) 12717 West Sunrise Boulevard
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

178

SUNRISE, FL 33323

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

Same

3. 06/25/2012
Date of filing/registration in Florida

4. L12000083679
Document number

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

12717 W. Sunrise Boulevard # 178
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUNRISE, FL 33323

(b) WILLIAM E. STACEY, JR
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

8551 W Sunrise Blvd # 100

PLANTATION, FL 33322

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN 27 AM 10:00

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

JOAO P. FONSECA
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 of Registered Agent

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

INHS18 (2/14)