

L12000088488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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TALLAHASSEE, FLORIDA  
14 DEC 29 PM 3:48

DEC 29 2014

T. CARTER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IN + Out Cutz 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:

Brenda Vizzaino  
Name of Person

3655 S OVLAND DR  
215 B Perth CT  
Firm/Company  
Address

Sanford FL 32773  
City/State and Zip Code

designb99@sbglobal.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Vizzaino at ( 407 ) 534 9210  
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



*Handwritten signature*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2014

RODOLFO RIJO  
3655 S. ORLANDO DRIVE  
SANFORD, FL 32773 US

SUBJECT: IN & OUT CUTZ L.L.C.  
Ref. Number: L12000088488

We have received your document for IN & OUT CUTZ L.L.C. 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 ALIEN BUSINESS ORGANIZATION, 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: 114A00023379

RECEIVED  
14 DEC 29 PM 3:15  
REGISTRY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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 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: IN + Out Cutz LLC

2. (a) 3655 S. ORLANDO (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Sanford, Florida  
32773

07-06-12

L12 000088488

3. Date of filing/registration in Florida

4. Document number

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

215 B Penth CT WIn  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Springs, FL 32708

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

3655 S. ORLANDO DR  
NEW Registered Office Address:

Sanford

, FL 32773

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 29 PM 3:48

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

Rodolfo Rijo  
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

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