112000148679

(Requestor's Name)				
(Address)				
(Address)				
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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RAROCHS

FEB 1 L 2019 I ALBRITTON

COVER LETTER

_	D: Registration Section Division of Corporations				
SUBJEC	TNT Aventura, LLC				
		e of Limited Li	ability 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:					
Tamir S	Shafer				
	Name of Person		_		
TNT Av	rentura, LLC				
	Firm/Company		_		
10323 5	South Barnsley Dr.				
	Address	 			
Parklan	d, FL 33076				
	City/State and Zip Code		_		
tamir.sh	nafer@gmail.com				
E-n	nail address: (to be used for future annu	ial report notif	ication)		
For further information concerning this matter, please call:					
Tamir S	hafer	516	330-3646		
	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		Re _j Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
	3 \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy		
INHS18 (2/14)				



January 15, 2019

TAMIR SHAFER TNT AVENTURA LLC 10323 SOUTH BARNSLEY DR PARKLAND, FL 33076

SUBJECT: TNT AVENTURA LLC Ref. Number: L12000148679

We have received your document for TNT AVENTURA 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):

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

The registered agent must sign accepting the designation.

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.

Letter Number: 219A00001159

Irene Albritton Regulatory Specialist II

RECEIVED

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ECRETARY OF STATE

TALLAHASSER, FI

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.

l. Na	me of the limited liability company: TNT Aventura	LLC	
2. (a)	10323 South Barnsley Drive	(b)_	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Parkland, FL 33076	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	11/28/2012		.12000148679
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	e Florida D	
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS)	2019 FEB - 7 PH 2: 09
	Tampa FL3	3612	
(b)	Tamir Shafer		P C
(0)	Enter name of NEW Registered Agent and/or NEW Registered ()	ffice addre	72:
	10323 South Barnsley Drive.		99
	NEW Registered Office Address:		
	Parkland, FL_3	3076	
the char agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne register fility comp the limite	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Tom: Ship	Tamir	ir Shafer
I heret provision the oblit to mere notified	over of a member or authorized reproductative of a member of accept the appointment by registered agent and agree ons of all statutes relative to the proper and complete page it is a provided of the proper and complete page it is provided of the reflect a change in the registered office address. I he is in writing of this change.	erformane	nce of my duties, and I am familiar with and accept
I heret provision the oblit to mere notified	by accept the appointment of registered agent and agree ons of all statutes relative to the proper and complete pa ligations of my position as registered agent as provided in It reflect a change in the registered office address, I he	erformane	in this capacity. I further agree to com nce of my duties, and I am familiar wit

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