

L130 D00005289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

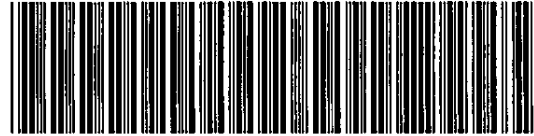
(Business Entity Name)

(Document Number)

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@ 10.15.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seven Met Suites, 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:

Fabbio Pirozzi

Name of Person

Seven Met Suites

Firm/Company

40 SW 13th St. Suite #301

Address

Miami, FL 33130

City/State and Zip Code

info@sevenmetsuites.com

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

For further information concerning this matter, please call:

Gabriela Betancourt

at (786) 502.3220

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

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.

2. (a) Seven Met Suites

(b) (Same)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami, FL 33130

L13000005289

4. Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

(b) Fabbio Pirozzi

(Same as above)

NEW Registered Office Address:

_____, FL

Fabbio Pirozzi

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)