

L13000051041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 30 2014

D. BARNES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2014

HARESH M KHIANI  
2212 S. CHICKASAW TRAIL, SUITE #144  
ORLANDO, FL 32825

SUBJECT: CINHARCO CAPITAL, LLC  
Ref. Number: L13000051041

We have received your document for CINHARCO CAPITAL, 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 414A00001110

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CLERK OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cinharco Capital, 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:

Haresh Khiani

Name of Person

Cinharco Capital, LLC

Firm/Company

2212 S. Chickasaw Trail Suite # 144

Address

Orlando, Florida 32825

City/State and Zip Code

Cinharco@gmail.com

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

For further information concerning this matter, please call:

Haresh Khiani

Name of Person

at ( 407 ) 927-3859

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

**FILED**  
2014 JAN 27 PM 12:03  
CLERK 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: Cinharco Capital, LLC
2. (a) Principal office address of limited liability company: 2212 S Chickasaw Trail, Suite 144  
Orlando, Florida, 32825  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 2212 S. Chickasaw Trail, Suite 144  
Orlando, Florida, 32825  
**(Note: MAY BE POST OFFICE BOX)**
- 1/29/2014 L13000051041
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:

James K Duerr, CPA

Registered Office Address:

Small Business Resources USA, Inc  
1601 Park Center Drive, Suite 6A  
Orlando, Florida, 32835

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

NEW Registered Agent:

Cindy Khiani

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2212 S Chickasaw Trail  
Suite # 144  
Orlando, FL 32825

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.

H. Khan  
Signature of a member or authorized representative of a member

Mareah Khiani - MKM  
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.

Cynthia Khiani  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00