

L13 0000 513 68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

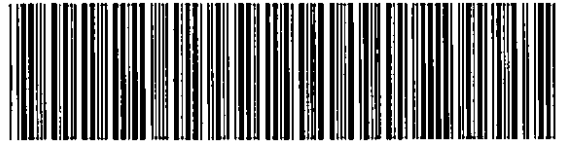
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/20--01030--022 **25.00

03/10/20--01030--022 **100.00

FILED

2019 DEC 27 P 12:53

LLC

RA

CH / R. Ernst.

4/3/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2020

OLGA LIDIA GARCIA
3690 WEST 18TH AVE.
SUITE 126765
HIALEAH, FL 33012

SUBJECT: TRUE REAL ESTATE SERVICES,LLC
Ref. Number: L13000051368

We have received your document for TRUE REAL ESTATE SERVICES,LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

There is a balance due of \$25.00.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 620A00006618

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE REAL ESTATE SERVICES,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:

OLGA LIDIA GARCIA

Name of Person

TRUE REAL ESTATE SERVICE,LLC

Firm/Company

3690 WEST 18 AVE SUITE 126765

Address

HIALEAH,FL 33012

City/State and Zip Code

OLGALGARCIA@AOL.COM

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

For further information concerning this matter, please call:

OLGA LIDIA GARCIA

at (786) 285-0068

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: TRUE REAL ESTATE SERVICES,LLC

2. (a) 3690 WEST 18 AVE (b) 3690 WEST 18 AVE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE 126765

HIALEAH, FL 33012

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

suite 126765

Hialeah, FL 33012

04/08/2013

L13000051368

3. NONE Date of filing/registration in Florida

4. Document number

5. (a) NONE

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

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

FL

(b) OLGA LIDIA GARCIA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3690 WEST 18 AVE

NEW Registered Office Address:

SUITE 126765

HIALEAH

FL 33012

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2019 DEC 27 P 12:53
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

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

OLGA LIDIA GARCIA

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