

LL3000123490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA

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MAY 10 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2018

MICHEL DE AMORIM  
601 BRICKELL KEY DR, STE 901  
MIAMI, FL 33131

SUBJECT: MANOEL VITZ ENTERPRISE LLC  
Ref. Number: L13000123490

We have received your document for MANOEL VITZ ENTERPRISE 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 018A00007260

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

→  
Document  
corrected.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2018

MICHEL DE AMORIM  
601 BRICKELL KEY DR  
STE 91  
MIAMI, FL 33131

SUBJECT: MANOEL VITZ ENTERPRISE LLC  
Ref. Number: L13000123490

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 418A00006274

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Manoel Vitz Enterprise 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:

Michel de Amorim

Name of Person

Drummond Advisors

Firm/Company

601 Brickell Key Drive, Suite 901

Address

Miami, FL 33131

City/State and Zip Code

fmorais@drummondadvisors.com

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

For further information concerning this matter, please call:

Francisco Morais

at ( 781 ) 770-0001

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

**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: Manoel Vitz Enterprise LLC
2. (a) 7901 KINGSPORTE PKWY STE 17  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
ORLANDO, FL 32819
- (b) 7901 KINGSPORTE PKWY STE 17  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
ORLANDO, FL 32819
3. 08/30/2013  
Date of filing/registration in Florida
4. L13000123490  
Document number
5. (a) LARSON ACCOUNTING & CONSULTING SERVICES LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 KINGSPORTE PKWY STE 17  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
ORLANDO, FL 32819
- (b) ~~DRUMMOND ADVISORS~~ MICHEL DE AMORIM / DRUMMOND CPA LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
601 BRICKELL KEY DRIVE, SUITE 901  
NEW Registered Office Address:  
MIAMI, FL 33131

FILED  
MAY -7 PM 12:14  
18  
CLERK OF THE COURT  
STATE OF 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.

b

Signature of a member or authorized representative of a member

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