

43000131819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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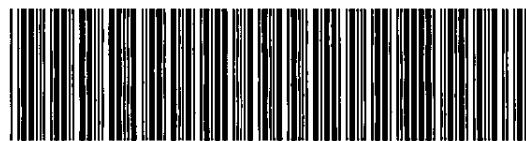
(Business Entity Name)

(Document Number)

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14 MAY 15 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACg

MAY 16 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2014

DAVID BARBEITO
304 PALERMO AVE
CORAL GABLES, FL 33134

SUBJECT: ST DRIVERS INTERNATIONAL LLC
Ref. Number: L13000131819

We have received your document for ST DRIVERS INTERNATIONAL 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):

You have submitted the wrong form. Also, please make sure that the new registered agent signs the correct form accepting the responsibility of registered agent.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 314A00007529

RECEIVED
14 MAY 15 AM 10:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST Drivers International, 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:

David G. Barbeito

Name of Person

De La Hoz & Associates, PA

Firm/Company

304 Palermo Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

dbarbeito@delahozcpa.com

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

For further information concerning this matter, please call:

David Barbeito

at (305)

448-5585

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: ST Drivers International, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1200 Brickell Avenue, Suite 1950

Miami, Florida 33131

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

09/18/2013

L13000131819

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:

Eduardo Montesinos (Resigned)

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 Brickell Avenue, Suite 1950

Miami, FL 33131

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

David G. Barbeito

NEW Registered Office Address:

304 Palermo Avenue

Coral Gables, FL 33134

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 of a member or authorized representative of a member

ANDRES SANCHEZ
Printed or typed name of signer

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 of Registered Agent

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

FILED
14 MAY 15 PM 3:56
TALLAHASSEE, FLORIDA