

**L13000/63024**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800255288218**

01/13/14--01015--003 \*\*25.00

**FILED**  
14 JAN 13 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LEON J. BUSH** JAN 22 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Aurora 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:

Liang Liu  
Name of Person

South Aurora LLC  
Firm/Company

8902 N Dale Mabry #101  
Address

Tampa FL 33614  
City/State and Zip Code

right house Tampa @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liang Liu at ( 813 ) 469 - 0974  
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 608.416 or 608.508, 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: South Aurora LLC

2. (a) Principal office address of limited liability company: 8902 N Dale Mabry #101  
Tampa FL 33614  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 8902 N Dale Mabry #101  
Tampa FL 33614  
**(Note: MAY BE POST OFFICE BOX)**

11/20/2013  
3. Date of filing/registration in Florida

L 1300016302  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

Liang Liu

Registered Office Address:

8902 N Dale Mabry  
Tampa FL 33614

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

**NEW Registered Agent:**

Guoqing Liu

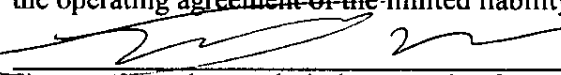
**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

8902 N Dale Mabry #101

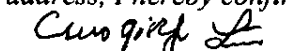
Tampa FL 33614

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

Liang Liu  
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 608, 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**