

L14000005040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

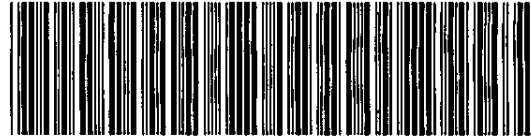
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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10-3-14

CM
9-3-14

**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: EMANUEL SERVICE, LLC

2. (a) 1970 E OSCEOLA PARKWAY STE 55 (b) 1970 E OSCEOLA PARKWAY STE 55

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

KISSIMMEE FL 34743

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

KISSIMMEE FL 34743

01/09/2014

L14000005040

3. Date of filing/registration in Florida

4. Document number

5. (a) MARIEL VENTURA

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

2802 N ORANGE BLOSSOM TRAIL STE A

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

KISSIMMEE, FL 34743

(b) JOSE DUENAS

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


2205 COUNTRY FIELD WAY

NEW Registered Office Address:

KISSIMMEE, FL 34744

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TALLAHASSEE, 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 of a member or authorized representative of a member

RAMON MORA GABLIS

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 of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMANUEL SERVICE, 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:

RAMON MORA GABLIS

Name of Person

EMANUEL SERVICE, LLC.

Firm/Company

1970 E OSCEOLA PARKWAY STE 55

Address

KISSIMMEE, FL 34743

City/State and Zip Code

rdariomora@gmail.com

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

For further information concerning this matter, please call:

RAMON MORA GABLIS

at (407)

482-5807

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMANUEL SERVICES, LLC.

Name of Corporation

DOCUMENT NUMBER: L14000005040

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON MORA GABLI

Name of Contact Person

EMANUEL SERVICES, LLC.

Firm/Company

1970 E OSCEOLA PKWY STE 55

Address

KISSIMMEE FL 34743

City/State and Zip Code

kissimmeeemotors@yahoo.com

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

For further information concerning this matter, please call:

RAMON MORA GABLI

Name of Contact Person

at (407) 483-5807

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2014

RAMON MORA GABLI
EMANUEL SERVICES, LLC.
1970 E OSCEOLA PKWY STE 55
KISSIMMEE, FL 34743

SUBJECT: EMANUEL SERVICE LLC
Ref. Number: L14000005040

We have received your document for EMANUEL SERVICE 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):

The incorrect form was submitted.

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 814A00018796

RECEIVED
14 SEP 30 AM 9:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA