

L14000034303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

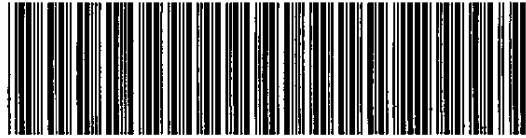
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 FEB 22 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2016

JASON ROMA
106003 OVERSEAS HIGHWAY #2503
KEY LARGO, FL 33037

SUBJECT: ROMA BROTHERS HOSPITALITY CONSULTING LLC
Ref. Number: L14000034303

We have received your document for ROMA BROTHERS HOSPITALITY CONSULTING 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 must sign accepting the designation.

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 716A00003315

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roma Brothers Hospitality Consulting

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:

Jason Roma

Name of Person

Firm/Company

106003 Overseas hwy #2503

Address

Key Largo Fl. 33037

City/State and Zip Code

Roma Brothers Hospitality Consulting

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

For further information concerning this matter, please call:

Jason Roma

at (941)

228-6650

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: Roma Brothers Hospitality Consulting

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

106003 Overseas hwy #2503 Key Largo FL

Mailing address of limited liability company:

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

2/29/15

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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:

Legal Zoom

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

United States corporation agents, inc

13302 Winding oaks ct. Suite a, Tampa FL 33612

(b)

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

106003 Overseas Hwy #2503

NEW Registered Office Address:

Key Largo FL 33037

FL

2016 FEB 22 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

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

FILING FEE: \$25.00