

L140000049973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

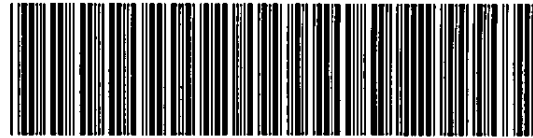
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FILED  
14 APR 30 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 1 2014

T. BROWN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2014

ROBERT DIAZ  
RESAROB, LLC  
123 PEMBROKE DR  
PALM BEACH GARDENS, FL 33418

SUBJECT: RESAROB, LLC  
Ref. Number: L14000049973

We have received your document for RESAROB, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L12000145950.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 414A00007663

FILED  
14 APR 30 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>TERESA DIAZ</u>	<u>123 PEMBROKE DR</u>	<input type="checkbox"/> Add
		<u>PALM BEACH GARDENS</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33418</u>	
<u>MGR</u>	<u>TERESA DIAZ</u>	<u>123 PEMBROKE DR</u>	<input checked="" type="checkbox"/> Add
		<u>PALM BEACH GARDENS</u>	<input type="checkbox"/> Remove
		<u>FL 33418</u>	
<u>MGR</u>	<u>ROBERT DIAZ, JR</u>	<u>123 PEMBROKE DR</u>	<input type="checkbox"/> Add
		<u>PALM BEACH GARDENS</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33418</u>	
<u>MGR</u>	<u>SUSAN DIAZ</u> <u>SUSAN M. WALKER</u>	<u>5 BRISCOE RD</u>	<input type="checkbox"/> Add
		<u>S. SALEM, N.Y.</u>	<input checked="" type="checkbox"/> Remove
		<u>10590</u>	
<u>AMBR</u>	<u>ROBERT DIAZ, JR</u>	<u>123 PEMBROKE DR</u>	<input checked="" type="checkbox"/> Add
		<u>PALM BEACH GARDENS</u>	<input type="checkbox"/> Remove
		<u>FL 33418</u>	
<u>AMBR</u>	<u>SUSAN M. WALKER</u>	<u>5 BRISCOE RD</u>	<input checked="" type="checkbox"/> Add
		<u>S. SALEM, N.Y.</u>	<input type="checkbox"/> Remove
		<u>10590</u>	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAKOTA B. WALKER	5 BRISCOE RD	<input checked="" type="checkbox"/> Add
		S. SALEM, N.Y.	<input type="checkbox"/> Remove
		10590	
AMBR	MAKENZIE L. WALKER	5 BRISCOE RD	<input checked="" type="checkbox"/> Add
		S. SALEM, NY	<input type="checkbox"/> Remove
		10590	
AMBR	BELLA S. WALKER	5 BRISCOE RD	<input checked="" type="checkbox"/> Add
		S. SALEM, NY	<input type="checkbox"/> Remove
		10590	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/4/2014, \_\_\_\_\_.

*Robert Diaz*

Signature of a member or authorized representative of a member

ROBERT DIAZ

Typed or printed name of signee

**Filing Fee: \$25.00**