

L14000055874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

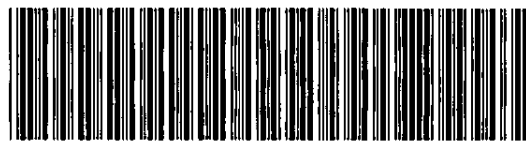
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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change

10/14/14--01002--019 **35.00

FILED
2014 OCT 14 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOOR
11/10/14

LLC RA/RO change

Att: Tina Carter
850-245-6013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2014

JOANNE & ~~OWEN~~ RIVERA
LITTLE O'S
18135 CANAL POINTE ST
TAMPA, FL 33647 US

*Please update register Agent
to Joanne Rivera and
the following Address.*
←

SUBJECT: LITTLE O'S, LLC
Ref. Number: L14000055874

We have received your document for LITTLE O'S, 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 may designate only one individual as the registered agent. Please correct your document accordingly.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 514A00023331



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2014

OMAR RIVERA
LITTLE O'S
18135 CANOE POINTE ST.
TAMPA, FL 33647 US

SUBJECT: LITTLE O'S, LLC
Ref. Number: L14000055874

We have received your document for LITTLE O'S, 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 form you submitted is for a CORPORATION; but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tina D Carter
Regulatory Specialist

Letter Number: 914A00022827

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little O's
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:

Joanne + Omar Rivera
Name of Person

Little O's
Firm/Company

18135 CANAL Pointe St
Address

Tampa FL 33647
City/State and Zip Code

JoRivera2710@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Rivera at (908) 487-3243
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

Paid

☐ \$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: Little Old LLC
2. (a) 18135 Canal Pointe St. (b) Tampa, FL 33647
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 4/2014 Date of filing/registration in Florida 4. L14000055874 Document number

5. (a) Incorp Services Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
17888 Latta Court North, FL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- Laxanatchee FL 33470
- (b) Joanne Rivera
Enter name of NEW Registered Agent and/or NEW Registered Office address:
18135 Canal Pointe St
NEW Registered Office Address:

Tampa FL 33647

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]
Signature of a member or authorized representative of a member

Joanne Rivera
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]
Signature of Registered Agent

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

INHS18 (2/14)

TOTAL P.03