

L14000064350

(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



100263662851

09/22/14--01017--005 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 16 PM 2:55

OCT 20 2014
T. CARTER

LLC RA/RDchange

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARAW 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:

Dominick Felicetti
Name of Person

ARAW LLC
Firm/Company

9000 SOUTH BAY DR
Address

ORLANDO FL 32819
City/State and Zip Code

dboxster@msn.com

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

For further information concerning this matter, please call:

Dominick Felicetti at (321) 246 3626
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2014

DOMINICK FELICETTI
ARAW LLC
9000 SOUTH BAY DR
ORLANDO, FL 32819 US

SUBJECT: ARAW LLC
Ref. Number: L14000064350

We have received your document for ARAW 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: 114A00021201

RECEIVED
14 OCT 16 PM 3:41
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: ARAW LLC
2. (a) 9000 South Bay Dr (b) PO BOX 690 565
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
ORLANDO, FL 32819 ORLANDO, FL 32869
3. 04/21/2014 4. L 14000064350
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAK COURT, A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TAMPA, FL 33612
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Dominick Felicetti, ARAW LLC
NEW Registered Office Address
9000 South Bay Dr
ORLANDO, FL 32819

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 16 PM 2:55

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.

Dominick Felicetti
Signature of a member or authorized representative of a member

AMBR
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.

Dominick Felicetti
Signature of Registered Agent