L14000010762

| (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: | | | | | | | |
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Office Use Only



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S. WARREN NOV 1 4 2017



October 24, 2017

MARCIA MORAIS DONATO 6846 LOST GARDEN TERRACE PARKLAND, FL 33076

SUBJECT: DONATO 151, LLC Ref. Number: L14000076762

We have received your document for DONATO 151, 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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) 245-6051.

Letter Number: 817A00021436

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporation | ons | | | | | | | |
|---|-----------------------------|---|--|--|--|--|--|--|
| DONATO 151 | , LLC | | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered Agen | t/Registered Office Chan | ge and fee(s) are submitted for filing. | | | | | | |
| Please return all corresponden | ce concerning this matter | to the following: | | | | | | |
| MARCIA MORAIS DONA | λΤΟ. | | | | | | | |
| Name | of Person | | | | | | | |
| Firm/ | Company | | | | | | | |
| 6846 LOST GARDEN TE | RRACE | | | | | | | |
| Add | ress | | | | | | | |
| PARKLAND, FL 33076 | | | | | | | | |
| City/State | and Zip Code | | | | | | | |
| marciaitalia@hotmail.com | 1 | | | | | | | |
| E-mail address: (to be us | ed for future annual repor | t notification) | | | | | | |
| For further information concer | ning this matter, please co | all: | | | | | | |
| | at (|) | | | | | | |
| Name of Perso | | Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER | ADDRESS: | MAILING ADDRESS: | | | | | | |
| Registration Section | | Registration Section | | | | | | |
| Division of Corporation Clifton Building | ns | Division of Corporations P.O. Box 6327 | | | | | | |
| 2661 Executive Center | Circle | Tallahassee, Florida 32314 | | | | | | |
| Tallahassee, Florida 3 | | rananassec, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| S25 Filing Fee | | □ \$55 Filing Fee & Certified Copy | | | | | | |

INHS18 (2/14)

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.

| I. Na | me of the limited liability company: DONATO 151 | , LLC | <u> </u> | | | | | |
|---|--|---|-----------------------------|--|---|--|--|--|
| | | | | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ` ' | N | Mailing address of limite (Note: MAY BE POS | ed liability company: | | |
| | 20801 BISCAYNE BLVD 306 | | | 20801 B | ISCAYNE BLVD | 306 | | |
| | AVENTURA, FL 33180 | - | | AVENTU | JRA, FL 33180 | | | |
| | 05/12/2014 | | L | .1400007 | 76762 | | | |
| 3. | Date of filing/registration in Florida | 4 | | | Document number | | | |
| 5. (a) | | | | | | | | |
| | Registered Agent and Registered Office shown on the records of t | he Flori | da 1 | Dept. of State | : | | | |
| | OSCAR GRISALES RACINI P.A. | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | | 200 7 | | | | |
| | 20801 BISCAYNE BLVD. 306 | | | | | | | |
| | AVENTURA , FL 33180 | | | | | FILED NOV-9 AN II: 89 NAME OF STATE NAME ASSET, FLOND | | |
| | , | | | | | | | |
| (b) | | | | | | 755 | | |
| , , | Enter name of NEW Registered Agent and/or NEW Registered | Office a | ıddı | 'ess: | |) | | |
| | MARCIA MORAIS DONATO | | | | | 71° ' | | |
| | NEW Registered Office Address: | | - | | | | | |
| | 6846 LOST GARDEN TERRACE | | | | | | | |
| | PARKLAND , FL | 33076 | 6 | | | | | |
| Signat I heret provision the oblit to mere notifical | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member of amended and the law of a member of a member of a member of all statutes relative to the proper and complete of a change in the registered agent as provided by reflect a change in the registered office address. In the control of this change. | the reg bility of the lin imited <u>M</u> | gist con mit l lia | ered office appany, it is ed liability com | and the business of hereby confirmed company or as other pany. **DE MOPALS** Printed or typed name are in the further ware. | that the change(s) erwise provided in DONATO of signee | | |
| Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 | | | | | | | | |

FILING FEE: \$25.00

INHS18 (2/14)