

L14000119332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500274723105

07/06/15--01040--002 **35.00

2015 JUL 17 P 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100

JUL 20 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2015

GUILLERMO E. OSORIO JR
15757 PINES BOULEVARD, SUITE 120
PEMBROKE PINES, FL 33027

SUBJECT: ELCOL SOLUTIONS, LLC
Ref. Number: L14000119332

We have received your document for ELCOL SOLUTIONS, 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00014445

FILED
2015 JUL 17 P 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elcol Solutions 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:

Guillermo E Osorio Jr

Name of Person

Elcol Solutions LLC

Firm/Company

15757 Pines Blvd., Suite 120

Address

Pembroke Pines, FL 33027

City/State and Zip Code

guillermo@elcolsolutions.com

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

For further information concerning this matter, please call:

Guillermo E Osorio Jr

at (305)

741-0053

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUL 17 P 3:48

FILED

**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: Elcol Solutions LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

15757 Pines Blvd., Suite 120

15757 Pines Blvd., Suite 120

Pembroke Pines, FL 33027

Pembroke Pines, FL 33027

7/30/2014

L14000119332

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:

United States Corporation Agents Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oaks Court, Suite A

Tampa, FL 33612

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Guillermo E. Osorio Jr.

NEW Registered Office Address:

15757 Pines Blvd., Suite 120

Pembroke Pines, FL 33027

FILED
2015 JUL 17 P 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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] 7/20/2015
Signature of a member or authorized representative of a member

Guillermo E. Osorio Jr.
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