L14000128536

(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

500332703855

08/13/19--01011--023 **35.00

FILED
2019 AUG 13 AM 10:51
SEC
TALLAHASSEE, FLORIDA

SULKER

SEP 06 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2019

SHARTAL LLC
5315 PARK BLVD STE 3
PINELLAS PARK, FL 33781

SUBJECT: SHARTAL LLC
Ref. Number: L14000128536

We have received your document for SHARTAL 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 LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 219A00017109

L14000128536

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shartal 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:

Chant Karajian
Name of Person

5 stars Plus real estate services LLC
Firm/Company

5315 Park blvd, Suite 3
Address

Pinellas Park, FL, 33781
City/State and Zip Code

info@5starsbrokerage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chant Karajian at (844) 707-3773
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

INHST18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 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: Shirtail LLC

2. (a) 5315 Park blvd, #3
Principal office address of limited liability company.
(*Note: MUST BE STREET ADDRESS*)
Pinellas Park, FL
33781

(b) 5315 Park blvd, #3
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)
Pinellas Park, FL
33781

3. 08/15/2014
Date of filing/registration in Florida

4. L14000128536
Document number

5. (a) Regine KORN PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

345 Cypress way west
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

Naples, FL, 34110

, FL

(b) 5 stars Plus real estate services LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address

5315 Park blvd, suite 3
NEW Registered Office Address

Pinellas Park, FL 33781

FILED
2019 AUG 13 AM 10:01

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.

RW
FZAOUI Isabelle (Sep 3, 2019)
Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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

INHST8 (2/14)