## L14000139251

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies Certificates of Status				
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Letter Number: 415A00015321

## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2015

CARMEN DEL DAGO / TAATAAI LLC 1385 CORAL WAY SUITE 403 MIAMI, FL 33145 US

SUBJECT: TAATAAI LLC Ref. Number: L14000139251

We have received your document for TAATAAI 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).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: 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:						
Caremen DEL DAGO Name of Person						
TAATAA LLC Firm/Company						
1385 COROL Way- Suite #403						
Hiami, FL 33145 City/State and Zip Code						
Carmina Otaataai Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person						
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						
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.

1. Na	me of the limited liability company:			
2. (a)	1385 (CRAL Way	(b) 138/	5 (CRA)	11)ay
2. (a)	Principal office address of limited liability company:	· / —————	ailing address of limited liab	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OF	FICE BOX)
	Suite # 403	500	TE # 400	
	Miami FL 3314	Hlio	mi, FL	33143
	DENTEMBER 5, 2014	L1400013	9251	
3.	Date of filing/registration in Florida	1. I	Document number	
5. (a)	CARMEN DEL DAGO		,	
J. ( <del></del> )	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State:		
	DEL DAGO, CARMINA	·		<u> </u>
	Regis 5070'N. BAY ROAD	<u>'a'S)</u>		5 競
	MIAMI BEACH, FL 33140			31
	FL_			ىيىشى <u>ك</u>
				i i i i i i i i i i i i i i i i i i i
(b)				ထဲ 👬
				19
	CARHINO DE DAGO			
	1395 CORAL WAY, SOITE	403		
	MIAMI, FL., 33145			
	111111 112 1 33113			
	, FL			
If the li	mited liability company is not organized under the laws or	of the State of Flo	rida, it is hereby confirm	ned that after
the cha	nge or changes are made, the Florida street address of the	registered office	and the business office	of the registered
was/we	vill be identical. Or, in the case of a Florida limited liabil re authorized by an affirmative vote of the members of the	e limited liability	company or as otherwi	ise provided in
the arti	cles of organization of the lim	ited liability com	pany.	DAG
Signal	ure of a member or authorized representative of a member	<u>CONV</u>	Printed or typed name of sig	mee
-		to act in this capa		, , , , , , , , , , , , , , , , , , ,
provisi the 9bl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here in writing of this change in the change in the registered of the address.	formance of my a or in Chapter 605,	luties, and I am familian F.S. Or, if this docum	r with and accept ent is being filed
to mere ngtiffe	ly reflect a change in the registered office address, I here it in writing of this change if I fig. 1.	eby confirm that t	he limited liability com	pany has been
<u> </u>	ECMUAN SUN WILLER			
Sįgnatu	re of Registered Agent			
٠	Division of Corporations • P.O. Box FILING FEE		see, FL 32314	