

214000152136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/11/17--01027--016 **43.75

04/21/17--01023--017 **11.25

FILED
SECRETARY OF STATE
17 APR 21 AM 11:18
CORPORATIONS

APR 24 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAR Recovery Residence 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:

Danae Ortiz
Name of Person

AAR Recovery Residence LLC
Firm/Company

4818 S. Lee Road
Address

Delray Beach, FL 33445
City/State and Zip Code

gymcoachdo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danae Ortiz at (954) 980-0460
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

AAR Recovery Residence LLC

4/14/2017

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F.L. 32314

From: Danae Ortiz

Re: Change of Registered Office and Agent for a LLC
Document # L14000152120

To Whom It May Concern:

I submitted a change in agent request and filled out a form for a corporation. I found out today that it was rejected since I had to submit one for a LLC. I originally paid \$43.75 and was told that this will be kept until the correct form and a payment for the difference will be submitted.

With this letter you will find the correct form to change the registered agent and address for a LLC and a payment of \$11.25 for the difference for the required payment of \$55.00.

Sincerely

Danae Ortiz
New Registered Agent

New physical & mailing address: 4818 S. Lee Road Delray Beach, F.L. 33445

RECEIVED
2017 APR 21 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 APR 21 AM 11:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2017

DANAE ORTIZ
4818 S LEE ROAD
DELRAY BEACH, FL 33445

SUBJECT: AAR RECOVERY RESIDENCES LLC
Ref. Number: L14000152120

We have received your document for AAR RECOVERY RESIDENCES LLC and your check(s) totaling \$43.75. 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).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00007194

**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: AAR Recovery Residence LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4818 S. Lee Road
Delray Beach, FL 33445

4818 S. Lee Road
Delray Beach, FL 33445

3. 9/30/2014
Date of filing/registration in Florida

4. L14000152120
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Georgia L McGeeney
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18604 49th Street N
Loxahatchee, FL 33470

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

Dannie Ortiz
NEW Registered Office Address:

4818 S. Lee Road
Delray Beach, FL 33445

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.

Georgia McGeeney
Signature of a member or authorized representative of a member

Georgia McGeeney
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]
Signature of Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 21 AM 11:18