

L14000175463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2015 DEC -4 P 2:27  
SECRETARY OF STATE  
ALABAMA, FLORIDA

DEC 07 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2015

PEDRO LANGA  
1665 NW 102 AVENUE, SUITE 101  
DORAL, FL 33172

SUBJECT: TERRA'S GARDEN LLC  
Ref. Number: L14000175463

We have received your document for TERRA'S GARDEN 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: 015A00024972

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TERRAS GARDEN 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:

PEDRO LANGA  
Name of Person

TERRAS GARDEN  
Firm/Company

1665 NW 102 AVE #101  
Address

DORAL 33132 FLORIDA  
City/State and Zip Code

PEDRO @ TERRAS GARDEN . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO LANGA at ( 786 ) 477 3434  
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

**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: TERPAS GARDEN LLC
2. (a) 1665 NW 102 AVE #101 (b) 1665 NW 102 AVE #101  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 08/19/2015 4. L14000175463  
Date of filing/registration in Florida Document number

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

FRIDMANN SIMON  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1665 NW 102 AVE #101  
DORAL 33172, FL

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

LANCA PEDRO  
NEW Registered Office Address:  
1665 NW 102 AVE #101  
DORAL 33172, 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 of a member or authorized representative of a member

PEDRO LANCA  
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

FILED  
2015 DEC -4 P 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA