## L1400018097/

| (Requestor's Name)                      |                   |             |  |  |  |  |  |  |
|---|-------------------|-------------|--|--|--|--|--|--|
| (Address)                               |                   |             |  |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |  |
| (Ad                                     | dress)            |             |  |  |  |  |  |  |
| (Cit                                    | ry/State/Zip/Phon | e #)        |  |  |  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |  |  |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |  |
| (Document Number)                       |                   |             |  |  |  |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |  |
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SELECT CORPORATIONS

C.L.24, 15



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2015

THAYRON LATHAN / T&A MIRAMAR LLC 913 SW 143 AVE PEMBROKE PINES, FL 33027 US

SUBJECT: T&A MIRAMAR LLC Ref. Number: L14000180971

We have received your document for T&A MIRAMAR 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.

Letter Number: 215A00000726

Carolyn Lewis Regulatory Specialist II

## **COVER LETTER**

| Division of Corporations   |   |
|--|---|
| SUBJECT: T&A Miramar LLC Name  | -   |
| Name   | of Limited Liability Company  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office  | e Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this   | matter to the following:  |
|  |   |
| ThayRON Latham Name of Person  |   |
| Name of Person   |   |
| T&A Miramar LLC  |   |
| Firm/Company   |   |
| 913 <b>SW</b> 143 <sup>rd</sup> Ave Address  |   |
| Pembroke Pines, FL, 33027 City/State and Zip Code  | 1   |
| Thayeon_L@ yahoo, com E-mail address: (to be used for future annua   | al report notification)   |
| For further information concerning this matter, p  | lease call:   |
| Thayrov Latham   | a1 (954 ) 559 - 90 14   |
| Thayrov Latham  Name of Person   | at (954) 559 - 90 14  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 a  |   |
| □ \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy  |
| INHS18 (2/14)  | * please retrence Letter #: 215 A 00000726  |

- See was already paid.

## 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: T&A M.   | RAMOR L  | LC   |   |  |                        |                                      |
|------------------------|-------------------------------------|---|--|--|---|--|------------------------|--------------------------------------|
| 2                      | (a)                                 |   | (b)  |  |   |  |                        |                                      |
|                        | (4)                                 | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (0)_   | Mailing a<br>( <u>Note:</u>  | ddress of limi<br>MAY BE PO   |  |                        |                                      |
|                        |                                     | 913 SN 14321 Anc  |  |  |   |  |                        |                                      |
|                        |                                     | Pembroke piner FL 2307  |  | pembrice   | jiwo,   | <del>F</del> L   | 33027                  | •                                    |
|                        |                                     | Nov 21 <sup>ST</sup> 2014  Date of filing/registration in Florida   |  | L 140001   | 609 71  |  |                        |                                      |
| 3.                     |                                     |   |  |  | nent numbe  | r  |                        |                                      |
| 5.                     | (a)                                 | Registered Agent and Registered Office shown on the records of  | the Florida Do   | ept. of State:   |   |  |                        |                                      |
|                        |                                     | LEGALINC CORPORATE SERVIC   | ES INC.  |  |   |  | ਯੋ                     | SE SE                                |
|                        |                                     | 2846 NW 79th AVENUE   |  |  |   |  | FEB                    |                                      |
|                        |                                     | DORAL, FL, 33122  |  | ·  |   |  | 20                     |                                      |
|                        | <i>a</i> >                          |   |  |  |   |  | P                      | - 피모다<br>- 왕년                        |
|                        | (b)                                 | Enter name of NEW Registered Agent and/or NEW Registered  | l Office addre   | <u></u>  |   |  | 1: 22                  |                                      |
|                        |                                     | Thayron Latham  |  |  |   |  |                        |                                      |
|                        |                                     | NEW Registered Office Address:  913 SN 143 rd Ave   | · · · · · · · · · · · · · · · · · · ·                          | <del>.</del>   |   |  |                        |                                      |
|                        |                                     | Pembroke Pines FI   | _ <u>13302</u>   | · †-   |   |  |                        |                                      |
| the<br>age             | e cha<br>ent v<br>is/w              | imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization of the operating agreement of the                           | ws of the St<br>f the registe<br>lability com<br>of the limite | ate of Florida, it<br>red office and the<br>pany, it is herebed liability comp | ie business<br>v confirme   | office of the of | of the reg<br>he chang | gistered<br>e(s)                     |
|                        |                                     |   |  | hayron   |   |  |                        |                                      |
| I in prototo the to no | here<br>ovis<br>obi<br>mer<br>tifie | ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change. | ree to act in<br>e performan<br>ed for in Ch<br>hereby con     |  | or typed nam<br>I further ag<br>and I am fa<br>Or, if this a<br>ited liabilit |  |                        | ith the<br>accept<br>g filed<br>been |
|                        |                                     |   |  |  |   |  |                        |                                      |