L14000180971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 20 PM 1:22

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
2-24-15

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 215A00000726

please see accompanying letter reflecting payment.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T & A Miramar 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:

Thayron Latham
Name of Person

T&A Miramar LLC
Firm/Company

913 SW 143rd Ave, [redacted]
Address

Pembroke Pines, FL, 33027
City/State and Zip Code

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

For further information concerning this matter, please call:

Thayron Latham at (954) 559-9014
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 ☒ N/A *

INHS18 (2/14)

* please reference letter #: 215A 00000726
- fee 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. Name of the limited liability company: T & A Miramar LLC

2. (a) Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

913 SW 143rd Ave

Pembroke pines, FL, 33027

(b) Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

913 SW 143rd Ave

pembroke pines, FL, 33027

3. Nov 21st 2014
Date of filing/registration in Florida

4. L14000180971
Document number

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

LEGALINC CORPORATE SERVICES INC.

2846 NW 79th AVENUE

DORAL, FL, 33122

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DIVISION OF CORPORATIONS

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

Thayron Latham

NEW Registered Office Address:

913 SW 143rd Ave

Pembroke Pines, FL 33027

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

Thayron Latham
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

INHS18 (2/14)