

L15 000013175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

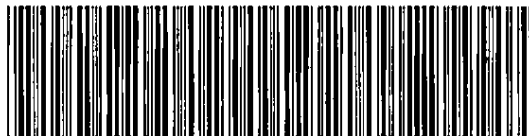
(Business Entity Name)

(Document Number)

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2019 SEP 16 P 11 23  
TALLAHASSEE, FLORIDA

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SEP 18 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aligned Bayshore Raw Bar 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:

Aligned Bayshore Raw Bar LLC

\_\_\_\_\_  
Name of Person

Aligned Bayshore Raw Bar LLC

\_\_\_\_\_  
Firm/Company

2550 S Bayshore Dr Suite 208

\_\_\_\_\_  
Address

Miami, FL 33133

\_\_\_\_\_  
City/State and Zip Code

lcuenca@primemarina.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizeth Cuenca

at ( 305 ) 858-9895

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2019

LIZETH CUENCA  
2550 S BAYSHORE DR STE 208  
MIAMI, FL 33133

SUBJECT: ALIGNED BAYSHORE RAW BAR LLC  
Ref. Number: L15000013175

We have received your document for ALIGNED BAYSHORE RAW BAR LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 819A00018187

2019 SEP 16 AM 11:21

RECEIVED

**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: Aligned Bayshore Raw Bar LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

2550 S Bayshore Dr Suite 208

Miami, FL 33133

Mailing address of limited liability company:

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

2550 S Bayshore Dr Suite 208

Miami, FL 33133

2/8/2019

L15000013175

3. Date of filing/registration in Florida

4. Document number

5. (a) Kriss, Ronald, ESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Stroock & Lavan LLP

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

200 S Biscayne Blvd Ste 3100

Miami, FL 33131

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

Lizeth Cuenca

**NEW** Registered Office Address:

2550 S Bayshore Dr Suite 208

Miami, FL 33133

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Ronald Kriss  
Signature of a member or authorized representative of a member

Renee Asher  
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00