

L15000015567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

US Homes WCT LLC

SUBJECT: _____
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:

Mel Pearlman, Esquire

Name of Person

Mel Pearlman, PA

Firm/Company

POB 470068

Address

Celebration, FL 34747-0068

City/State and Zip Code

wiverson.us@gmail.com

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

For further information concerning this matter, please call:

Mel Pearlman 407 566-8700
_____ at (_____) _____
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.

US Homes WCT LLC

1. Name of the limited liability company: _____

706 Golfpark Drive

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Celebration, FL 34747

January 27, 2015

L15000015567

3. Date of filing/registration in Florida 4. Document number

Paulo Factor

5. (a) _____

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

c/o Safety Tax & Bookkeeping

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6220 S. Orange Ave., Suite 600

Orlando 32809
FL

Wiverson Carlos Trecenti

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

706 Golfpark Drive

NEW Registered Office Address:

Celebration 34747
FL

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.

Wiverson C. Trecenti, Amber
Signature of a member or authorized representative of a member

Wiverson C. Trecenti, Amber
Printed or typed name of signer

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.

Wiverson C. Trecenti
Signature of Registered Agent

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19 JUN -3 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA