

L15000019875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 JUL 13 AM 7:36

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JUL 14 2015

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MAY 29 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2015

SARAVANAN SESHADRI
GATEWAY INSTITUTE HOLDINGS LLC
11810 SHIRE WYCLIFFE COURT
TAMPA, FL 33626

SUBJECT: GATEWAY INSTITUTE HOLDINGS, LLC
Ref. Number: L15000019875

FILED
15 JUL 13 AM 7:36
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Limited Liability Company.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 415A00011321

RECEIVED
15 JUL 13 PM 12:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Saravanan Seshadri
Gateway Institute Holdings, LLC
11810 Shire Wycliffe Ct
Tampa, FL 33626

Ref Number: L15000019875

FILED
15 JUL 13 AM 7:36
CLERK OF DISTRICT COURT
JUL 13 2015
TAMPA, FLORIDA

Dear Ms. McNair:

Thank you for your letter dated May 29th, 2015. Per your letter, please find attached the appropriate forms for the change of address for the registered agent.

If you could please apply the funds from the prior check towards this filing fee of \$25 and send a check back for the difference, it is much appreciated.

Thank you in advance.

 7/2/15
Saravanan Seshadri
Gateway Institute Holdings, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATEWAY INSTITUTE HOLDINGS, 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:

SARAVANAN SESHADRA
Name of Person

GATEWAY INSTITUTE HOLDINGS, LLC
Firm/Company

11810 SHIRAZ WYCLIFFE CT
Address

TAMPA, FL 33626
City/State and Zip Code

SARU@ULTRAMATICS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAVANAN SESHADRA at (813) 891-0300 x101
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

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15 JUL 13 AM 7:36
TALLAHASSEE, FLORIDA

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: GATEWAY INSTITUTE HOLDINGS, LLC

2. (a) 11810 SHIRE WYCLIFFE CT.

Principal office address of limited liability company:

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

TAMPA, FL 33626

(b) - SAME AS ABOVE -

Mailing address of limited liability company:

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

3. 02/02/2015
Date of filing/registration in Florida

4. L15000019875
Document number

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

11810 SHIRE WYCLIFFE CT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33626

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

11810 SHIRE WYCLIFFE CT
NEW Registered Office Address:

TAMPA, FL 33626

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.

S. Seshadri
Signature of a member or authorized representative of a member

SARAVANAN SESHADRI
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.

S. Seshadri
Signature of Registered Agent

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15 JUL 13 AM 7:37
TALLAHASSEE, FLORIDA