

L15000047614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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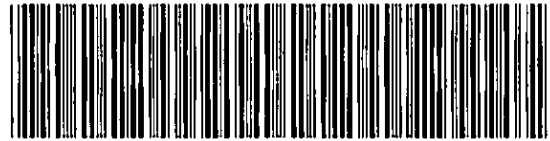
(Business Entity Name)

(Document Number)

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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANACUS ONE 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:

JOSE G. MARCANO

Name of Person

ANACUS ONE LLC

Firm/Company

495 BRICKELL AVE APT 3601

Address

MIAMI FL 33131

City/State and Zip Code

JGMDV@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE G MARCANO

Name of Person

at (954) 629-3898

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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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

JOSE G MARCANO
ANACUS ONE LLC
495 BRICKELL AVE., APT 3601
MIAMI, FL 33131

SUBJECT: ANACUS ONE LLC
Ref. Number: L15000047614

We have received your document for ANACUS ONE 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).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 718A00018889

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19 SEP 28 AM 11:02
SECRETARY OF
CORPORATIONS

**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: ANACUS ONE LLC
2. (a) 495 BRICKELL AVE APT 3601 (b) 495 BRICKELL AVE APT 3601
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33131

MIAMI, FL 33131

3. 03/17/15 Date of filing/registration in Florida 4. L15000047614 Document number

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

10650 W STATE ROAD 84 STE 204
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DAVE, FL 33324

- (b) JOSE G. MARCANO
Enter name of NEW Registered Agent and/or NEW Registered Office address:

495 BRICKELL AVE APT 3601
NEW Registered Office Address:

MIAMI, FL 33131

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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]
Signature of a member or authorized representative of a member

JOSE G MARCANO
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