L15000063159

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2020

ANGELA MIGLIETTA SETTE SETTE LLC 110 WASHINGTON AVENUE APR 2510 MIAMI BEACH, FL 33139

SUBJECT: SETTE SETTE LLC Ref. Number: L15000063159

We have received your document for SETTE SETTE 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 LIMITED PARTNERSHIP, but your entity is a LLC. 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.

Shelia H Young Regulatory Specialist II

Letter Number: 420A00001173

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COVER LETTER

Division of Corporations	Division of Corporations	
SUBJECT: SETTE SETTE Name of Limited Liab	E LLC ility 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:		
ANGELA MIGLIETTA Name of Person		
SETTE SETTE LLC Firm/Company		
110 WASHINGTON AVENUE - Apt 2510 Address		
MIAMI BEACH, FL 33139 City/State and Zip Code		
E-mail (odress: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Angela Miglielta at (203)	Nea Code & Daytime Telephone Number	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

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.

SITTE LLC.
1. Name of the limited liability company:
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) APT. 2510
MIRMI BEACH, FL 33139 MIRMI BEACH. FL 33139
A 10 2015 Date of filing/registration in Florida 4. Document number
5. (a) UNITED STATES CURPURATION AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. Of State:
Registered Office Address (MUST BE(F).ORIDA STREET ADDRESS)
Tampa FL 33612 SERGE TO
(b) ANGELA HIGUETTA Enter name of NEW Registered Agent and/or NEW Registered Office address:
110 WASHINGTON AVENUE - APT. 2510 NEW Registered Office Address:
MIAMIBEACH, FL B
22120
FL_3
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 ANGUETA 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.
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)