# L 1500 6 111331

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
•	,	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
_	_	<u></u>
(Bus	iness Entity Nan	ne)
,		
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
opeoidi ilisti dedolis to i	ining Officer.	
		·

Office Use Only





07/12/16--01013--022 \*\*25.00

JUL 12 2016 S. YOUNG

# **COVER LETTER**

Division of Corporations	•
SUBJECT: ONE ROOM ATATI	ME LLC
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
AUDREY F. UNGER Name of Person	16 JUL 12
DNE ROOM AT A TIME LL	
1308 W. YALE ST	······································
Address	
ORLANDO FL. 32804	
City/State and Zip Code	
ONERDOMATATIME I egmail, e	esm
E-mail address: (to be used for future annual report	
For further information concerning this matter, please c	all:
andrey 7. Ungene	407-284-7875
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

INHS18 (2/14)

# 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. N	ame of the limited liability company: _ONERO	OM AT A	TIME E	<u> </u>		
2. (a)	1308W. YALE ST. ORLANDO FL 3	1804 (b)_	1308 W.	PALE ST. OR.	LANDO FL. 3	284
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_	address of limited li		_
	SAME		SAME			<del></del>
_	JUNE 06,74, 2015	<del></del>		4731896		_
3.	Date of filing/registration in Florida	4.	_	ment number	`	
5. (a)				RATIONS	, INC)	
	Registered Agent and Registered Office shown on the records of			. 1	16 SEC	i 2
	17:3302 WINDING OAK	COUR	T SUI	te m	と発	n n
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				でに
	TAMPA FL. 3	3 361.	2.		~ SE	70
			<del></del>	**	PHE	171\ 100
	, FL	<u></u>	<del></del>		55 E	三
(b)	CHEROOM AT ATIME ILC				<b>5</b>	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addres	<u></u>			
	.7 -		-	3		
	1308 W. YALE ST ORLANDO	FL, 3	Z804'			
	NEW Registered Office Address:		<del></del>			
			4			
			<del>, ", "</del>			
	FI		i-			
	, , ,	<u> </u>	<del></del>			
If the li	mited liability company is not organized under the lange or changes are made, the Florida street address of	ws of the Sta	te of Florida, i	t is hereby confir	rmed that after	a
agent v	ill be identical. Or, in the case of a Florida limited li	ability comp	any, it is hereb	y confirmed that	the change(s)	J
was/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the limited	l liability comp	any or as otherw	ise provided in	
a	edran F. Llnae		REY F.	INSER		
Signat	ure of a member or authorized representative of a member			or typed name of si	gnee	-
provisii the obli to mere notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in i performance d for in Cha hereby confi	this capacity. e of my duties, pter 605, F.S. rm that the lim	l further agree to and I am familia Or, if this docum ited liability com	o comply with the or with and accep nent is being filed npany has been	et T
	e of Registered Agent					



Department of Treasury Internal Revenue Service Cincinnati OH 45999-0038

Notice	CP261
Notice date	October 12, 2015
Employer ID number	47-4731896
To contact us	Phone 1-800-829-0115

Page 1 of 3

## 

ONE ROOM AT A TIME 1308 W YALE ST ORLANDO FL 32804-5637



168111

We've accepted your \$ corporation election

# You will be treated as an S corporation starting June 26, 2015

We've accepted your S corporation election. As a result, your tax year will end in December, and you will be treated as an S corporation starting June 26, 2015.

## What you need to do

You don't need to take any action.

Review this notice to understand some of your obligations and responsibilities corporation.

SEE, FLUKION

Continued on back...



ONE ROOM AT A TIME 1308 W YALE ST ORLANDO FL 32804-5637 Notice CP261
Notice date October 12, 2015
Employer 15 number 47-4731896

# **Contact information**

If your address has changed, please call 1-800-829-0115 or visit www.irs.gov.

□ Please check here if you've included any correspondence. Write your Employer ID number (47-4731896) on any correspondence.

□ a.m. □ a.m. □ p.m.

Primary Phone Best time to call Secondary Phone Best time to call

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0038

474731856 NB

000000 5 00

Notice	CP261
Notice date	October 12, 2015
Employer ID number	47-4731896
Page 2 of 3	

#### Keep in mind

#### Payments to shareholder-employees for services rendered:

- You must determine a reasonable salary when a shareholder-employee of an S
  corporation provides services to the corporation.
- Payments to a shareholder-employee for services provided to an S corporation are wages and are subject to employment taxes.
- We may re-characterize distributions paid to a shareholder as salary if the distribution was paid in lieu of reasonable compensation (Revenue Ruling 74-44).

You should inform shareholders of their need to track stock and debt basis. A shareholder is responsible for calculating their stock and debt basis in the corporation. Please remind the shareholder of this requirement.

It is important for shareholders to know their stock and debt basis when the 5 corporation:

- allocates a loss and/or deduction item to the shareholder.
  - In order for a shareholder to claim this loss or deduction, they need to demonstrate that they have adequate stock and/or debt basis.
- · makes a non-dividend distribution to the shareholder.
  - In order for a shareholder to determine if the distribution is non-taxable, they
    need to demonstrate that they have adequate stock basis.
- repays a reduced basis loan to the shareholder.
  - In order for a shareholder to determine if there is a gain on loan repayment, the shareholder must know their debt basis.

#### OR

- When the shareholder disposes of their S corporation stock.
  - A shareholder must know their stock basis in order to determine the gain or loss upon disposition of their stock.

Notice	CP261
Notice date	October 12, 2015
Employer ID number	47-4731896
Page 2 of 2	

# Additional information

- Visit www.irs.gov/cp261
- For more information, see Form(s) 1120S, 2553, and Schedule K-1, and their instructions.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



168111

SECRETARY OF STAIL AND SEE, FLORIDA