

L15000113447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

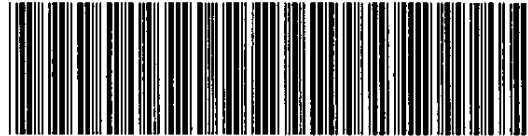
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 29 2015

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE TRANSACTION COORDINATOR SERVICES, 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:

JOSEPH A DIMARIO JR

Name of Person

ELITE TRANSACTION COORDINATOR SERVICES, LLC

Firm/Company

PO BOX 161225

Address

ALTAMONTE SPRINGS FL 32716

City/State and Zip Code

ELITETCSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH A DIMARIO JR

Name of Person

at (407) 782-3692

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

- FEE ALREADY PAID -

NOTE:
\$ 35 CHECK SENT
PREVIOUSLY AND
CASHED BY YOUR
OFFICE.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 21 PM 3:29

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2015

JOSEPH A DIMARIO JR
ELITE TRANSACTION COORDINATOR SERVICES
PO BOX 161225
ALTAMONTE SPRINGS,

SUBJECT: ELITE TRANSACTION COORDINATOR SERVICES LLC
Ref. Number: L15000113447

We have received your document for ELITE TRANSACTION COORDINATOR SERVICES 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: 615A00018346

RECEIVED
15 SEP 22 AM 10:24

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15 SEP 21 PM 1:11
FLORIDA DEPARTMENT OF STATE
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: ELITE TRANSACTION COORDINATOR SERVICES LLC

2. (a) 162 SUNSET DR, LONGWOOD, FL 32750 (b) PO BOX 161225, ALTAMONTE SPRINGS, FL 32711
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

162 SUNSET DR PO BOX 161225
LONGWOOD, FL 32750 ALTAMONTE SPRINGS, FL 32716

3. JUNE 30, 2015 4. L15000113447
Date of filing/registration in Florida Document number

5. (a) LEGALINC CORPORATE SERVICES, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LEGALINC CORPORATE SERVICES, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5237 SUMMERLIN COMMONS, SUITE 400
FORT MYERS, FL 33907

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

NEW Registered Office Address: Joseph A DiMario Jr
162 Sunset Dr
P.O. Box NOT acceptable
Longwood, FL 32750

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.

Joseph A. DiMario Jr
Signature of a member or authorized representative of a member

JOSEPH A DIMARIO JR
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.

Joseph A. DiMario Jr
Signature of Registered Agent