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PICK-L		ЛT	MAIL MAIL	
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Special Instruction	s to Filing Office	er:		
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Office Use Only				



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2015

SUSANA ULLOA 3315 NW 108TH BOULEVARD GAINESVILLE, FL 32606

SUBJECT: SUSIE ULLOA CONSULTING, LLC Ref. Number: L15000138968

We have received your document for SUSIE ULLOA CONSULTING, 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 715A00021998

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

SUSIE ULLOA CONSULTING, LLC 3315 NW 108TH BLVD GAINESVILLE, FL 32606 10/12/15

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern:

Please see attached Statement of Change for my companies Registered Agent. My legal name is Susana Ulloa but I inadvertently used my colloquial name of Susie Ulloa-Villalobos when applying for my LLC. If you have any questions please contact me.

Sincerely,

Susana Ulloa

10/23/2015 12:10 3525050744	THE BESTRESTORATION	#4185 P.003/005
	m · · ·	
	COVER LETTER	
TO: Registration Section		
Division of Corporations		
	·	
SUBJECT: <u>SUSIE ULL</u>		
	Name of Limited Liability Computer	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are sub- nted for filing.	
Please return all correspondence concernin	g this matter to the following:	
	-	
SUSANA ULLOA	· · · · · · · · · · · · · · · · · · ·	
Name of Person		
· · ·		
SLSIE ULLOA CONSI	JLTINGL.L.C.	
Firm/Company	•	
3315 NW 108+h BL	VD.	
Address		
GAINES VILLE, FL		
City/State and Zip Coc	·	
<u>ulloasusie@gmail.</u>		
E-mail address: (to be used for future	annual report notification)	
For firther information concerning this man	ner, please call:	
SUSANA ULLOA	at (352) 281 1939	
Name of Person	at (352)_28:1939 Area Code - Daytime Telephin	ne Number
STREET/COURIER ADDRESS:	MAILING AD: ESS:	
Registration Section	Registration Secon	
Division of Corporations Clifton Building	Division of Corgentations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, File Ja 32314	
	• • • • •	
Enclosed is a check for the follow	-	
\$25 Filing Fee	S55 Filing Feat Dertified Copy	
[NHS18 (2/14)		
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10/23/2015 12:10 3525050744

#4165 P.004/005

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STA FEMENT OF CHANGE OF REGISTERED OFFICE OR E LIMITED LIABILITY COM	
Pursu mt to the provisions of sections 605.0114 or 605.0116, Florida Statt submi's the following statement in order to change its registered office Florica.	the undersigned limited liability company registered agen! or both, in the State of
1. Name of the limited liability company: <u>SUSIE ULLOA</u>	ONSULTING, LLC
2. (a) 3315 NW 108th BLVD (b) 5	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of linited liability company: (Note: MAY BI POST OFFICE BOX)
Gainesville, FL 32606	····
08/13/2015	50001:08968
5. (a) SUSIE ULLOA-VILLALOBOS Registered Agent and Registered Office shown on the records of the Florida Dept.	. :ate:
3315 NW 108th BLVD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	· · ·
GAINESVILLE FL 3260 (b) SUSANA ULLOA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>	
3315 NW 108th BLVD NEW Registered Office Address:	TARY OF STAT
GAINESVILLE ,FL 3260	
If the limited liability company is not organized under the laws of the State the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability compar- was/vere authorized by an affirmative vote of the members of the limited li- the auticles of organization or the operating agreement of the limited liability	fice and the business office of the registered t is hereby confirmed that the change(s) fity company or as otherwise provided in
Surger Sus	NA ULIDA
Sign ature of a member or authorized representative of a member I her sby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance the ouligations of my position as registered agent as provided for in Chari- to merely reflect a change in the registered office address. I hereby confirm- notified in writing of this change.	Printed or typed name of signee apacity. I further agree to comply with the ity duties, and I can familiar with and accept 05, F.S. Or, if it is document is being filed hat the limited liavillity company has been
Signa ure of Registered Agent	
Division of Corporations P.O. Box 6327 • Till FILING FEE: \$25.00	iassee, FL 3231
INHS18 (2/14)	