

L15000141307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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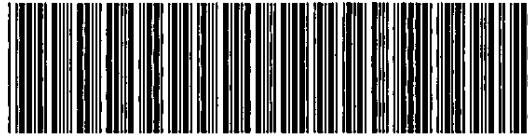
(Business Entity Name)

(Document Number)

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16 AUG 18 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 22 2016  
Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2016

RAFAEL ANTONIO SUAREZ ZULETA  
4109 BELLA ISLE CIRCLE  
KISSIMMEE, FL 34746

SUBJECT: ABA RENTAL AND SUPPLIES LLC  
Ref. Number: L15000141307

2016 AUG 18 PM 2:53  
TALLAHASSEE, FLORIDA

We have received your document for ABA RENTAL AND SUPPLIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT IS INCOMPLETE

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 916A00016440

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABA RENTAL AND SUPPLIES 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:

RAFAEL ANTONIO SUAREZ ZULETA

Name of Person

ABA RENTAL AND SUPPLIES LLC

Firm/Company

4109 BELLA ISLE CIRCLE

Address

KISSIMMEE, FLORIDA 34746

City/State and Zip Code

acabadosmul@outlook.com

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

For further information concerning this matter, please call:

RAFAEL SUAREZ ZULETA at ( 305 ) 9223742  
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

**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: ABA RENTAL AND SUPPLIES LLC

2. (a) 4109 BELLA ISLE CIRCLE (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

KISSIMMEE, FLORIDA

ZIP CODE 34746

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

AUGUST 18, 2015

L15000141307

3. Date of filing/registration in Florida

4. Document number

5. (a) ISABEL MORA CASTRO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5560 NW 107 AVE # 1010

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

DORAL, FL 33178

(b) N/A

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

4109 BELLA ISLE CIRCLE

**NEW** Registered Office Address:

KISSIMMEE, FL 34746

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

RAFAEL ANTONIO SUAREZ ZULETA

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 of Registered Agent