

L15000153864

(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

JUN 08 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARETE'S DREAM 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:

VALERIA CASAL
Name of Person

SUCASAMICASA-MIAMI, INC
Firm/Company

9341 COLLINS AVE. #501
Address

SURFSIDE, FL-33154
City/State and Zip Code

VALCASAL@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIA CASAL at (305) 305-793-9482
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

VALERIA CASAL
9341 COLLINS AVE #501
SURFSIDE, FL 33154

SUBJECT: ARETE'S DREAM, LLC
Ref. Number: L15000153864

We have received your document for ARETE'S DREAM, 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 LLC. Please complete and return the enclosed blank form(s).

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00009882

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2017 JUN -5 PM 3:47
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: ARETE'S DREAM, LLC

2. (a) 9341 COLLINS AVE. (b) 9341 COLLINS AVE.

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

#501
SURFSIDE, FL 33154

#501
SURFSIDE, FL -33154

3. 9/10/2015
Date of filing/registration in Florida

4. L15000153864
Document number

5. (a) SIGILLO, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

250 N. SHORE DR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI BEACH, FL 33141

(b) SUCASAMICASA-MIAMI, INC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9341 COLLINS AVE #501
NEW Registered Office Address:

SURFSIDE, FL 33154

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TALLAHASSEE FLORIDA

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]
Signature of a member or authorized representative of a member

RENEE GARCIA
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]
Signature of Registered Agent