

L15000154591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

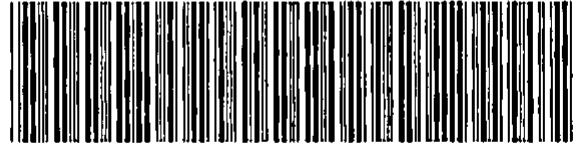
(Business Entity Name)

(Document Number)

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NOT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 22, 2018

RUBEN LARREA  
4725 W SAND ALKE RD, STE 200  
ORLANDO, FL 32819

SUBJECT: GOLDEN FLORIDA TRADE, LLC  
Ref. Number: L15000154591

2018 OCT 15 AM 9:57

We have received your document for GOLDEN FLORIDA TRADE, 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):

Please complete section 5(a) to reflect what is shown on our records and section 5(b) to include new information to be changed.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 418A00019806

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOLDEN FLORIDA TRADE 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:

RUBEN LARREA

\_\_\_\_\_  
Name of Person

GOLDEN FLORIDA TRADE LLC

\_\_\_\_\_  
Firm/Company

4725 W SAND LAKE RD

\_\_\_\_\_  
Address

ORLANDO FLORIDA 32819

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

RUBEN LARREA

at ( 407 )

259 2626

\_\_\_\_\_  
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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOLDEN FLORIDA TRADE 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:

RUBEN LARREA

\_\_\_\_\_  
Name of Person

GOLDEN FLORIDA TRADE LLC

\_\_\_\_\_  
Firm/Company

4725 W SAND LAKE RD. SUITE 200

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

rubenlarrea@hotmail.com

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

For further information concerning this matter, please call:

RUBEN LARREA

407

4315652

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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  
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.*

1. Name of the limited liability company: GOLDEN FLORIDA TRADE LLC
2. (a) 4725 W SAND LAKE RD  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SUITE 200  
ORLANDO, FL 32819
- (b) 4725 W SAND LAKE RD  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SUITE 200  
ORLANDO, FL 32879
3. SEPTEMBER 10, 2015 Date of filing/registration in Florida
4. L15000154591 Document number
5. (a) RUBEN LARREA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2000 FALCON TRACE BLVD  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
SUITE 100  
ORLANDO, FL 32837
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4725 W Sand Lake Road  
NEW Registered Office Address:  
Suite 200  
Orlando, FL 32819

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

Ruben Larrea  
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00