

L15000156126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT -3 P 4:11

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D. BRUCE

OCT 04 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

MICHAEL RAIA
5810 100TH AVE EAST
PARRISH, FL 34219

SUBJECT: RAIA ENTERPRISES, LLC
Ref. Number: L15000156126

2017 OCT -3 PM 4:48
TALLAHASSEE, FLORIDA

We have received your document for RAIA ENTERPRISES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00020295,

2016 OCT -3 PM 4:11
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raia Enterprises, 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:

Michael Raia

Name of Person

Raia Enterprises LLC

Firm/Company

5810 100th Avenue E.

Address

Parrish, FL 34219

City/State and Zip Code

siteacg1@yahoo.com

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

For further information concerning this matter, please call:

Michael Raia

Name of Person

at (941) 932-1770

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

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2016 OCT -3 PM 4:11
TALLAHASSEE, FL

FILED

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: Raia Enterprises, LLC
2. (a) 5810 100th Avenue E, Parrish, FL 34219 (b) 5810 100th Avenue E, Parrish, FL 34219
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 5810 100th Ave E. 5810 100th Ave E.
Parrish, FL 34219 Parrish FL 34219
3. 9/14/15 4. L15000156126
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporation Agents, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 Winding Oak Court, A
Tampa, FL 33612

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

Michael Raia
NEW Registered Office Address:
5810 100th Avenue E.
Parrish, FL 34219

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.

Michael Raia
Signature of a member or authorized representative of a member

Michael Raia
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.

Michael Raia
Signature of Registered Agent