

L15000200746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 8 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2016

OSCAR MORALES
231 LAKEVIEW DR APT #101
WESTON, FL 33326

SUBJECT: TAO S1703 LLC
Ref. Number: L15000200746

We have received your document for TAO S1703 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 ILLEGIBLE.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00024930

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2016 DEC -5 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAO S1703 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:

OSCAR D. MORALES

Name of Person

Firm/Company

231 LAKEVIEW DR. APT #101

Address

WESTON FL, 33326

City/State and Zip Code

OSCARDMORALES@GMAIL.COM

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

For further information concerning this matter, please call:

OSCAR D. MORALES

Name of Person

at (954) 643-9258

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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TALLAHASSEE, FLORIDA

**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: TAO S1703

2. (a) 231 LAKEVIEW DR. (b) _____

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

APT. 101

WESTON, FLORIDA 33326

11/30/2016

Date of filing/registration in Florida

L15000200746

Document number

5. (a) LEGALINC CORPORATE SERVICES INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 400

FORT MYERS, FL 33907

(b) OSCAR D. MORALES

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

NEW Registered Office Address:

231 LAKEVIEW DR. APT #101

WESTON, FL 33326

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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 of a member or authorized representative of a member

MARIA ANTONIA MORENO

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