

L15000202935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

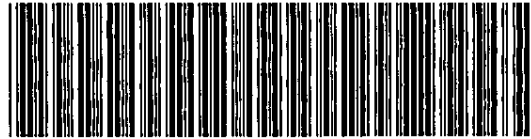
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/11/15--01007--025 **25.00

FILED
16 JAN 15 PM 2:58
TALLAHASSEE, FLORIDA

JAN 20 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 15 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 15, 2015

CYRUS HARD
2922 S FALKEN BURG RD
RIVERVIEW, FL 33578 US

SUBJECT: ABLEWARE LLC
Ref. Number: L15000202935

We have received your document for ABLEWARE 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):

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.

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: 515A00026209

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ableware 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:

Cyrus Hart
Name of Person

Ableware LLC
Firm/Company

2922 S Falkenberg Rd.
Address

Riverview FL 33578
City/State and Zip Code

Cyeclit-supportgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cy Hart at (813) 775 9700
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: Able Lease LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2922 S Falkenburg Rd
River View FL 33578

12-9-15

3. _____ 4. _____
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:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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

Able Lease LLC
NEW Registered Office Address:
3104 W Wyoming Ave
Tampa, FL 33611

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16 JAN 15 PM 2:58
OFFICE OF STATE
CLERK
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

Cyros Hart
Printed or typed name of signer

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