

L16000005269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

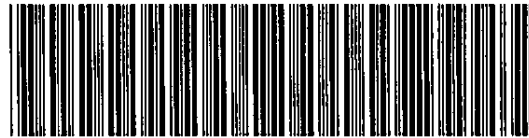
(Document Number)

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2017 FEB 14 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2016

DIEGO SARALEGUI
245 NE 14TH STREET, #1207
MIAMI, FL 33132

SUBJECT: SICCO TRADING INTERNATIONAL LLC
Ref. Number: L16000005269

We have received your document for SICCO TRADING INTERNATIONAL 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 416A00027777

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SICCO TRADING INTERNATIONAL 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:

DIEGO SARALEBUI
Name of Person

SICCO TRADING INTERNATIONAL LLC
Firm/Company

245 NE 14 ST #1207
Address

MIAMI, FL 33132
City/State and Zip Code

SICCO TRADING @ EMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO SARALEBUI at (786) 200 1035
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: SICCO TRADING INTERNATIONAL LLC

2. (a) 245 NE 14 ST #1207

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MIAMI, FL 33132

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 1/12/2016
Date of filing/registration in Florida

4. L16 000005269
Document number

5. (a) CORPORATE CREATIONS NETWORK INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11380 PROSPERITY FARMS ROADS #221E

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

(b) DIEGO SARALEGUI

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

245 NE 14 ST #1207

NEW Registered Office Address:

MIAMI, FL 33132

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

DIEGO SARALEGUI

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

FILED
2017 FEB 14 P 2:36
CLERK OF STATE
TREASURY OF FLORIDA