L16000024220

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

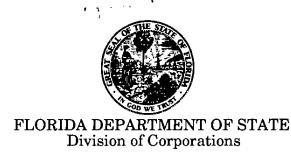


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APR 2 1 2017
Y SULKER



April 3, 2017

SUNIL LEVANDA 1928 SUNSET HARBOUR DRIVE A27 MIAMI BEACH, FL 33139

SUBJECT: VESBAN CEYLON ENTERPRISES PVT, LLC

Ref. Number: L16000024220

We have received your document for VESBAN CEYLON ENTERPRISES PVT, 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 INCOMPLETE

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.

Letter Number: 217A00006351

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Division of Corporations				
SUBJECT: Ves	sban Ceylon Enterprises F	PVT, LLC			
	Name of Limited Liability Company				
Dear Sir or Mada	m:				
The enclosed Reg	gistered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all o	correspondence concerning this	matter to the following:			
Sunil Levanda					
	Name of Person				
Vesban Ceylor	n Enterprises PVT, LLC				
	Firm/Company				
1928 Sunset F	larbour Drive, A27				
	Address				
Miami Beach,	FL 33139				
	City/State and Zip Code				
vesban454@c	onsult.com				
E-mail addr	ess: (to be used for future annu	al report notification)			
For further inform	nation concerning this matter, p	lease call:			
Sunil Levanda		786 487-4850			
N	lame of Person	Area Code & Daytime Telephone Number			
Registrati Division o Clifton B 2661 Exe	O'COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, 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 Fi	ling Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)					

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
Vesban Ceylon Enterprises PVT, 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:					
Contlitation					
Sunil Levanda					
Name of Person					
Vesban Ceylon Enterprises PVT, LLC					
Firm/Company	·				
1928 Sunset Harbour Drive, Apt 27					
Address					
Miami Beach, FL 33139					
City/State and Zip Code					
vesban454@consultant.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sunil Levanda	305 467-2582				
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				

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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.

	Iame of the limited liability company:	<u> </u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1928 Sunset Harbour Drive Apt 27		1524 NE 182nd St.
	Miami Beach, FL 33139		North Miami Beach, FL 33162
	04/19/2017	L	.16000024220
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
	Registered Agent and Registered Office shown on the records of Clarette Florvil (Remove)	of the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1928 Sunset Harbour Dr., A27	T ADDRESS)	
	Miami Beach	_{FL} 33139	
			7
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	17 APR 20
	Arna G. Smith (add)		O Marine Re
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	14400 NE 5th Place, Apt. 2		
	North Miami	_{FL} 33161	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	laws of the Sof the regist liability consorting the limited liability displays the limited liability.	ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	gree to act i le performai led for in Cl I hereby coi	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Signat	arma Amul ure of Registered Agent		