

L16000050599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

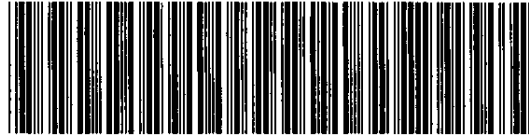
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

ORLANDO SARRIA CELIS
441 LOS ALTOS RD
PALM SPRINGS, FL 33461

SUBJECT: BERNARD'S RELIABLE MOVING SERVICE "LLC"
Ref. Number: L16000050599

2016 JUL 12 PM 3:44
TALLAHASSEE, FLORIDA

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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: 316A00011869

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BERNARD'S RELIABLE MOVING SERVICE 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:

ORLANDO SARRIA

Name of Person

BERNARD'S RELIABLE MOVING SERVICE LLC

Firm/Company

441 LOS ALTOS RD

Address

PALM SPRINGS FLORIDA 33461

City/State and Zip Code

sarria64orlando@gmail.com

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

For further information concerning this matter, please call:

ORLANDO SARRIA

Name of Person

at (561) 685-6835

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

INHS18 (2/14)

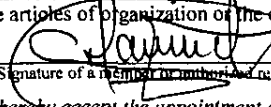
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. Name of the limited liability company: BERNARD'S RELIABLE MOVING SERVICE LLC
2. (a) BERNARDO CARDONA Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2208 WESTBOURNE DRIVE
OVIEDO FLORIDA 32765
- (b) CLAUDA F CARDONA Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2208 WESTBOURNE DRIVE
OVIEDO FLORIDA 32765
3. 03/08/2016 Date of filing/registration in Florida
4. L16000050599 Document number
5. (a) BERNARDO CARDONA,
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2208 WESTBOURNE DRIVE OVIEDO FLORIDA 32765
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2208 WESTBOURNE DR
OVIEDO, FL 32765
- (b) ORLANDO SARRIA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
441 LOS ALTOS RD PALM SPRINGS FLORIDA 33461
NEW Registered Office Address:
441 LOS ALTOS RD
PALM SPRINGS, FL 33461

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

ORLANDO SARRIA

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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16 JUL 12 PM 2:03
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TALLAHASSEE, FLORIDA