116000097116

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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THE SECRETARY OF STATE SECRETARY OF STATE

DEC 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2016

GAUDY LOPEZ 2645 EXECUTIVE PARK DR SUITE 411 WESTON, FL 33331

SUBJECT: CAPITAL COMMERCIAL MAINTENANCE & MANAGEMENT LLC

Ref. Number: L16000097716

We have received your document for CAPITAL COMMERCIAL MAINTENANCE & MANAGEMENT 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 FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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: 616A00023989

2016 DEC -5 AM 11: 18

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Capital Commercial Main	tenance and Management LLC.	
	ne of Limited Liability Company	
Dear Sir or Madam:		
The seal and Decision I American I Offi		
The enclosed Registered Agent/Registered Offi	ice Change and tee(s) are submitted for filing.	
Please return all correspondence concerning this	is matter to the following:	
Gaudy Lopez		
Name of Person		
Capital Commercial Maintenance an	d Management LLC.	
Firm/Company		
2645 Executive Park Dr #411		
Address		
Weston FL 33331		
City/State and Zip Code	DEC -5 PM 1: 49 The port notification) The port notification of the p	
	지원 교 다	
E-mail address: (to be used for future ann	end renew patitionium)	
E-mail address: (to be used for future and	inal report notification)	
For further information concerning this matter,	, please call:	
Gaudy Lopez	at (415) 944-0208	
Name of Person	Area Code & Daytime Telephone Number	
OTD TRUCOUNTR ADDRESS	MAILING ADDRESS:	
STREET/COURIER ADDRESS: Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	on Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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. Na	me of the limited liability company: Capital Com	mercial M	Maintenance and Management LLC.
2. (a)	2645 Executive Park Dr #411 Weston FL 3333 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	31 (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	May 18th, 2016 Date of filing/registration in Florida		L16000097716 Document number
5. (a)	Maribel Suhr Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	912 Tanglewood Circle	the Frontage	(Dept. of Guice
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	5)
			TSS 3
	Weston , FI	33327	
(b)	Luis Lopez		SSE -5 LE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	
			LORIDA - 1: 49
	5601 S. University Dr NEW Registered Office Address:		——————————————————————————————————————

	Davie , FI	33328	3
the cha agent v was/w	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regist lability con of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Tandy E. Jose		Gaudy Lopez
	ture of a member or authorized epresentative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I den writing of this change.	r performa	nance of my duties, and I am familiar with and accept
Signatur	rc of Registered Agent		