

U16000106133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

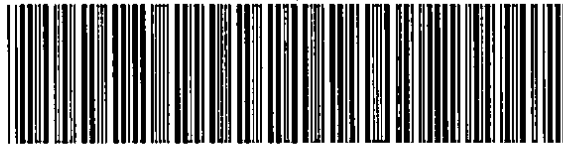
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200305006052

10/27/17--01008--002 \*\*25.00

18 JAN 12 AM 11:50  
FALLS CHURCH, VA

O SIMMONS  
JAN 12 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2017

ROXANGELIE CUEVAS  
2639 EAGLE ST  
JACKSONVILLE, FL 32216

SUBJECT: ALL ENERGY LLC  
Ref. Number: L16000106133

We have received your document for ALL ENERGY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 917A00021890

**RECEIVED**  
JAN 12 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL ENERGY 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:

ROXANGELIE CUEVAS

Name of Person

ALL ENERGY LLC

Firm/Company

2639 EAGLE STREET

Address

JACKSONVILLE, FL. 32216

City/State and Zip Code

allenergyllc@gmail.com

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

For further information concerning this matter, please call:

ROXANGELIE CUEVAS

Name of Person

904

at ( )

651-2396

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: <u>ALL ENERGY LLC</u>	
2. (a) <u>C/O ROXANGELIE CUEVAS</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>1965 OAK TWIST CR</u> <u>ORANGE PARK, FL. 32073</u> <u>06/01/2016</u>	(b) <u>C/O ROXANGELIE CUEVAS</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>PO BOX 440106</u> <u>JACKSONVILLE, FL. 32222</u> <u>L16000106133</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>ROXANGELIE CUEVAS</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	

18 JAN 12 AM 11:50

Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>1965 OAK TWIST CR</u> <u>ORANGE PARK</u> , FL. <u>32073</u>
(b) <u>ALL ENERGY LLC</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>ROXANGELIE CUEVAS</u> <u>NEW Registered Office Address</u> : <u>2639 EAGLE STREET</u> <u>JACKSONVILLE</u> , FL. <u>32216</u>

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.

<u>Ramiro Garcia Flores</u> Signature of a member or authorized representative of a member	<u>ROXANGELIE CUEVAS</u> 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