

L16 000 108 098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

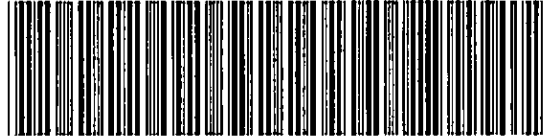
(Business Entity Name)

(Document Number)

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

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09/06/22--01012--007 \*\*25.00

FILED  
2023 JAN -3 AM 11:30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2022

RAVINDRA TELLA  
14404 TRIPP ROAD N  
LOXAHATCHEE, FL 33470

SUBJECT: NAGA GARDENS LLC  
Ref. Number: L16000108098

FILED  
2023 JAN -3 AM 11:30  
CLERK OF COURT  
LOXAHATCHEE, FL

We have received your document for NAGA GARDENS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 022A00027568

2022 JAN -3 PM 12:34

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAGA GARDENS 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:

RAVI TELLA  
Name of Person

NAGA GARDENS LLC  
Firm/Company

14404 TRIPP ROAD N  
Address

LOXAHATCHEE 33470  
City/State and Zip Code

RNTELLA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAVI TELLA 402 650-1731  
Name of Person at ( ) Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

SUBMITTED ON MM 22  
SEE ATTACHED LETTER

FILED  
2023 JAN -3 AM 11:30  
TALLAHASSEE, FL

**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: NAGA GARDENS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

14404 TRIPP ROAD N

14404 TRIPP ROAD N

LOXAHATCHEE, FL 33470

LOXAHATCHEE, FL 33470

6/3/2016

1.16000108098

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) RAVI TELLA

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

14404 TRIPP ROAD N

NEW Registered Office Address:

LOXAHATCHEE, FL 33470

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

RAVINDRA TELLA  
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

**FILED**  
2023 JAN -3 AM 11:30  
TALLAHASSEE, FL