LIL 000 118196

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(5.5).5.5.6.2.7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800373812928

09/24/21--01088-+028 **25.00

2021 SEP 24 PH 12: 06

Ø

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	LA VISTA DAVEY LLC ECT:		
		Name of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to th	ne following:
Krishn	akumar S. Davey		
	Name of Person		
LAVE	NA DAVEYS L.L.C.		
	Firm/Company		
4971 B	onita Bay Blvd., Unit 401		
	Address		
Bonita	Springs, FL 34134		
	City/State and Zip Co	de	
daveyk	k@icloud.com		
i	E-mail address: (to be used for future	annual report no	tification)
For fu	rther information concerning this ma	itter, please call:	
Krishn	akumar S. Davey	732 at (713-3446
	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 follow	ving amount:	
	S25 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHSI	8 (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. N	Iame of the limited liability company: LA VISTA DA	VEY LL	.C								
2. (a)	4971 Ronita Bay Rlyd Unit 401			(b) 4971 Bonita Bay Blvd, Unit 401							
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of		•				
	Bonita Springs, FL 34134			Bonita Spri	ings, FL 34134		<u> </u>				
											
	September 22, 2021						12				
3.	Date of filing/registration in Florida	4.	_		Document nur	nber					
5. (a	Krishnakumar S. Davey										
J. (4)	Registered Agent and Registered Office shown on the records	of the Flo	rida	Dept. of State	– c:						
	4971 Bonita Bay Blvd, Unit 401,										
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)		_						
						Ç.	20				
	Bonita Springs	FL ³⁴¹³⁴	‡ 		_	TALL	1021 SEP 24				
(b)	LAVINA DAVEYS L.L.C.					ABAS					
	Enter name of NEW Registered Agent and/or NEW Register	red Office	e add	ress:	-	SET.	H				
	4971 Bonita Bay Blvd, Unit 401		PHIZ: 06								
	NEW Registered Office Address:				-	••	σ,	0			
	Bonita Springs	34134	1		_						
		FL			_						
chang agent was/v the ar	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized representative of a member.	he regis liability s of the he limite	tered cor limi ed lis	d office and nearly it is ted liability	d the business of s hereby confin y company or a npany,	office of med that	the reg	gistered lange(s)			
Sign	ature of a member, or authorized representative of a member	_		-	Printed or typed	name of s	ignee				
provi: the ob to me	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 provide rely reflect a change in the registered office address, and in writing of this change	igree to te perfo ded for i I hereby	act i rma in Ci v coi	in this capa nce of my o hapter 605 nfirm that i	acity. I further duties, and I an , F.S. Or, if th the limited liab	agree to n familio is docun ility con	o comp ar with nent is npany h	ly with the and accept being filed as been			
Signat	ure of Registered Agent										

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