

L16000120816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

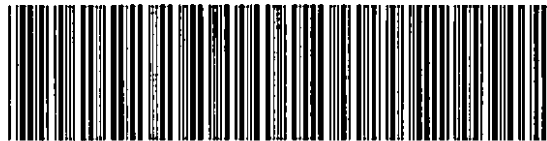
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5828 NW 22ND AVE 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:

ADRIANO BRASIL

Name of Person

Firm/Company

7218 PINK CADILLAC DRIVE

Address

CORPUS CHRISTI, TX 78414

City/State and Zip Code

ABRASIL1001@GMAIL.COM

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

For further information concerning this matter, please call:

ADRIANO BRASIL

Name of Person

941

at (_____) _____

916-0992

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2019

ADRIANO BRASIL
7218 PINK CADILLAC DRIVE
CORPUS CRISTI, TX 78414

SUBJECT: 5828 NW 22ND AVE LLC
Ref. Number: L16000120816

We have received your document for 5828 NW 22ND AVE 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):

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00019591

**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: 5828 NW 22ND AVE LLC
2. (a) 7218 PINK CADILLAC DR. (b) 7218 PINK CADILLAC DR.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
CORPUS CHRISTI, TX 78414 CORPUS CHRISTI, TX 78414

3. 06/23/2016 4. L16000120816
Date of filing/registration in Florida Document number

5. (a) ADRIANO BRASIL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
87 VIVANTE BLVD. UNIT 8723
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PUNTA GORDA, FL 33950

- (b) ADRIANO BRASIL
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11817 SW 112TH AVE
NEW Registered Office Address:

MIAMI, FL 33176

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.

AP
Signature of a member or authorized representative of a member

ADRIANO BRASIL
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.

AP
Signature of Registered Agent

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