

L16000140619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

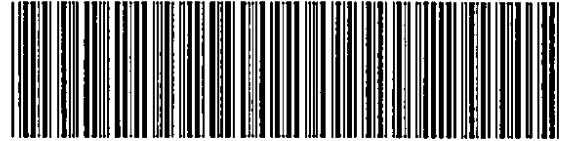
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18 AUG 27 PM 3:39
1000 N. 10TH ST. SUITE 100
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Ra Change

AUG 29 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL SABOR DE MI PAIS 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:

ELIS SANTOS YIMI E.

Name of Person

EL SABOR DE MI PAIS LLC

Firm/Company

1552 NE 8TH ST STE 201

Address

HOMESTEAD FL. 33033

City/State and Zip Code

arroligayamileth@yahoo.com

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

For further information concerning this matter, please call:

ELIS SANTOS YIMI E. at (786) 239-0033
Name of Person 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

RECEIVED
DIVISION OF STATE
CORPORATIONS
18 AUG 27 PM 3:39



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

ELIS SANTOS YIMI E.
EL SABOR DE MI PAIS LLC
1552 NE 8TH ST., STE 201
HOMESTEAD, FL 33033

SUBJECT: EL SABOR DE MI PAIS LLC
Ref. Number: L16000140619

We have received your document for EL SABOR DE MI PAIS 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 Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 118A00014905

RECEIVED
18 AUG 27 AM 11:54
SECRETARY OF STATE
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: EL SABOR DE MI PAIS LLC

2. (a) 1552 NE 8TH ST STE 201 (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

HOMESTEAD FL. 33033

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

07/26/2016

L16000140619

3. Date of filing/registration in Florida

4. Document number

5. (a) ELLIES SANTOS YIMI E.

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

1552 NE 8TH ST STE 201

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

HOMESTEAD FL. 33033

, FL

(b) ELIS SANTOS YIMI E.

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

1552 NE 8TH ST STE 201

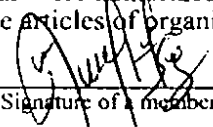
NEW Registered Office Address:

HOMESTEAD

, FL

33033

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 of a member or authorized representative of a member

ELIS SANTOS YIMI E.

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 of Registered Agent

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

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 PM 3:39