

L16000218631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 21 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GABOS PROFESSIONAL CLEANING SERVICES 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:

OLGA L TOVAR-PENA

Name of Person

GABOS PROFESSIONAL CLEANING SERVICES

Firm/Company

16908 WHIRLEY RD

Address

LUTZ, FL 33558

City/State and Zip Code

olga@gaboscleaningservices.com

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

For further information concerning this matter, please call:

OLGA L TOVAR-PENA

Name of Person

813

at ()

408-4502

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

June 12, 2017

OLGA L TOVAR-PENA
16908 WHIRLEY RD
LUTZ, FL 33558

SUBJECT: GABOS PROFESSIONAL CLEANING SERVICES LLC
Ref. Number: L16000218631

We have received your document for GABOS PROFESSIONAL CLEANING SERVICES 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):

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

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00011832

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUN 21 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: GABOS PROFESSIONAL CLEANING SERVICES LLC

2. (a) 16908 WHIRLEY RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 3959 VAN DYKE RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

LUTZ, FL 33558
SUITE 86
LUTZ, FL 33558

3. 06/02/2017 Date of filing/registration in Florida
4. L16000218631 Document number

5. (a) TOVAR-PENA, OLGA L
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

TOVAR-PENA, OLGA L
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1821 CYPRESS PRESERVE DR APT 5-105
LUTZ, FL 33549

(b) TOVAR-PENA, OLGA L
Enter name of NEW Registered Agent and/or NEW Registered Office address:

16908 WHIRLEY RD
NEW Registered Office Address:
LUTZ, FL 33558

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] OLGA L TOVAR-PENA
Signature of a member or authorized representative of a member 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

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TALLAHASSEE, FLORIDA