

L17000017244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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08/21/17--01022--024 ++25.00

FILED

17 AUG 31 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2017

CHERIE M PETRESLEY
12519 SAINT CHARLOTTE DR
TAMPA, FL 33618

SUBJECT: SIMBA SERVICES LLC
Ref. Number: L17000017244

We have received your document for SIMBA 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):

The form you submitted is for a LIMITED PARTNERSHIP - LP, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00017400

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simba 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:

Cherie Petresky
Name of Person

Simba Services LLC
Firm/Company

12519 Saint Charlotte Dr
Address

Tampa FL 33618
City/State and Zip Code

ciustin.sllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherie Petresky at (813) 267 - 2176
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

PAID ALREADY

SENT WRONG FORM

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.

2. (a) 12519 Saint Charlotte Dr. (b) 12519 Saint Charlotte Dr.

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

33618

33618

Tampol FI

Tampa FL

Document number

(a) Cherie Petrosky

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

12519 Saint Charlotte DR.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

33618

Tampa, FL

(b) Austin Ramos

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

Same as previous

NEW Registered Office Address:

 $\cdot \text{FL}$

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

Cherie Marie Petresku
Printed or typed name of signee

Printed or typed name of signer

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.

in writing of this change.

F. J. Ramos

Signature of Registered Agent

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

FILING FEE: \$25.00