117000018910

(Requestor's	Name)					
(Address)						
(Address)						
(City/State/Zip	o/Phone #)					
PICK-UP W	AIT MAIL					
(Business En	tity Name)					
(Document Number)						
Certified Copies Cer	tificates of Status					
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April 14, 2017

NICOLAS PITA 108A RIO DEL MAR ST ST AUGUSTINE, FL 32080

SUBJECT: 108 RIO DEL MAR CONDO ASSOCIATION, L.L.C.

Ref. Number: L17000018910

We have received your document for 108 RIO DEL MAR CONDO ASSOCIATION, L.L.C. 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia ! Simmons Regulatory Specialist II

Letter Number: 517A00007296

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SCUMMENT OF THE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 108 210 DEL MAR COMPO ASSOCIATION 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:
Wicolas Charcia Peta Name of Person
108 RIO DEL MAR CONDO ASSOCIATION LLC Firm/Company
108 A Rio Del MAR Address
St. Augustine Fla 32080 City/State and Zip Code
Micolas garcia pita @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (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 10/1au.	_			•	,	
1. Name	of the limited liability company: [08 Rin DFL	MAR	CONOO	ASSOC	TATION	LLC
2. (a) /		(b) _ <i>(O</i>		PIO DEL	MAR	40
(/ 4	Principal office address of limited liability company:	· · / - • • ·	Mailing add	ress of limited I		-
4	(Note: MUST BE STREET ADDRESS)	<u></u>	(<u>Note: M</u>	<u>AY BE POST (</u>	FFICE BOX	,
). Hugustine, Flit		r. Hugu	15 Tire	74	
					32080	<u> </u>
	01/21/2017		17000	0100	(6)	
3.	Date of fyling/registration in Florida 4.		/ / () () () Documer	10187 nt number	10	
	Michael & Argantieri		Documen	n namoei		
5. (a) \int_{Reg}	gistered Agent and Registered Office shown on the records of the Flori	da Dept. of	State:			
	Michael R. Arsentier	,				
Re	gistered Office Address (MUST BE FLORIDA STREET ADDRES	SS)				
	108 RIO DEL MAR CUI	UIT A)			
ے ر	ST. AUGUSTINIE , FL 3	2008	60			180° 4
	Michigan Dania Di	71				- 7 th
(b)	ter name of NEW Registered Agent and/or NEW Registered Office a	H ddross:	. <u>. </u>		\$ \$. * **
LIR	ter name of NEW Registered Agent and/or NEW Registered Office a	luuress.			; iii	**************************************
	108 RIO DEL MAR (UNIT	<i>-A</i>)			D: 50	*warake
<u>NE</u>	EW Registered Office Address:	•			Ö	
	St. Hugustine					
	2		7			
	, FL_ <i></i>	XVOC	<u>/</u> _			
	ted liability company is not organized under the laws of the or changes are made, the Florida street address of the reg					
agent ₄ will	be identical. Qr, in the case of a Florida limited liability	company,	it is hereby o	onfirmed tha	it the change	e(s)
the application	aythorized by an affirmative vote of the members of the list of organization of the operating agreement of the limited	mited hat Hiability	company.	y or as other	wise provide	ed in
[] ruft	las K. Not	MICHA	FL R.	ARGEN	TIERI	
, • -						ith tha
provisions the obligati	accept the appointment as registered agent and agree to a sof all statutes relative to the proper and complete performations tions of my position as registered agent as provided for in refleti a change in the registered affice address, I hereby	mance of i Chapter	my duties, an 605. F.S. Or	d I am famili i if this docu	ar with and ment is hein	accept acfiled
to merely i	reflefit a change in the registered office address, I hereby writing of this change.	confirm ti	hat the limite	d liability col	mpany has b	een
_////	Mark Kits	16	170			
Significance of	Registered Agent	New Reg	istered Ager	it: Nicolo	s Garcia	Pita
1	Division of Corporations P.O. Box 632	27● Talla	hassee, FL 3	2314		

FILING FEE: \$25.00

INHS18 (2/14)