

L17000619473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

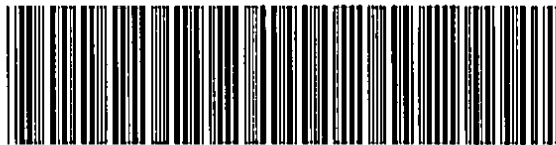
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400301365234

07/19/17--01015--005 ♦♦25.00

RECEIVED  
FALLABEE FLA 08

2017 AUG -9 PM 1:51

FILED

AUG 11 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** yanelys ventas y ayuda

\_\_\_\_\_  
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:

yanelys orozco

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6703 DIMARCO RD

\_\_\_\_\_  
Address

tampa fl 33634

\_\_\_\_\_  
City/State and Zip Code

yanelysorozco213@gmail.com

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

For further information concerning this matter, please call:

ROSA MARIA ROSABAL

\_\_\_\_\_  
Name of Person

at ( 813 ) 8636707

\_\_\_\_\_  
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

July 24, 2017

YANELYS OROZCO  
4=6703 DIMARCO RD  
TAMPA, FL 33634

SUBJECT: YANELYS VENTAS Y AYUDA LLC  
Ref. Number: L17000019473

We have received your document for YANELYS VENTAS Y AYUDA 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 317A00014854

RECEIVED  
2017 AUG -9 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 AUG -9 PM 1:51  
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: YANELYS VENTAS Y AYUDA

2. (a) 1815 W SLIGH AVE SUIT D TAMPA FL 33604 (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

01/26/2017

L17000019473

3. Date of filing/registration in Florida 4. Document number

5. (a) SPIEGEL & UTRERA, P.A  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1840 SW 22ND ST

MIAMI, FL 33145

(b) ROSA MARIA ROSABAL  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1815 W SLIGH AVE SUIT D

TAMPA, FL 33604

FILED  
2017 AUG -9 PM 1:51  
TALLAHASSEE, FLORIDA

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.

Rosabal  
Signature of a member or authorized representative of a member

YANELYS OROZCO

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.*

Rosabal  
Signature of Registered Agent