

L17000033436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

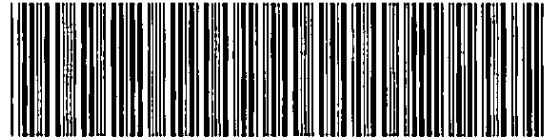
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18 DEC 2017 PM 2:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 02 2015

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2017

CD AUTO SALES LLC
540 N STATE RD 434 STE 141
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CD AUTO SALES LLC
Ref. Number: L17000033436

We have received your document for CD AUTO SALES 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 registered agent must sign accepting the designation.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 317A00022436

RECEIVED
JAN - 2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CD AUTO SALES 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:

Cheguevara Deandrae
Name of Person

CD AUTO SALES LLC
Firm/Company

540 N State Rd 434 St # 141
Address

Altamonte Springs, FL 32714
City/State and Zip Code

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

For further information concerning this matter, please call:

Cheguevara Deandrae at (321) 877-9083
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

**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: CD Auto Scales LLC

2. (a) 540 N STATE RD 4341 ST#41 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Altamonte Springs, FL 32714

12-27-2017

3. Date of filing/registration in Florida

4. Document number

5. (a) CHEGUEVARA DEANDRAE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

209 EILFEN AVE ALTAMONTE SPRINGS 32714

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Cristina R. Ramirez Alvarado

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

NEW Registered Office Address:

_____, FL _____

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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

Cheguevara Deandrae
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.

Cristina R. Ramirez Alvarado
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00