

L17000068232

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(City/State/Zip/Phone #)

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2017 OCT -2 PM 12:40
SHERMAN COUNTY
TALLAHASSEE FL 32310

OCT 04 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absoluta Properties 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:

Cristiana M. Chaney

Name of Person

Absoluta Properties LLC

Firm/Company

2 South Biscayne Blvd., Suite 3760-A139

Address

Miami, Florida 33131

City/State and Zip Code

cristichaney@gmail.com

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

For further information concerning this matter, please call:

Cristiana M. Chaney

Name of Person

at (858) 349-6733

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 21, 2017

CHRISTIANA M CHANEY
2 SOUTH BISCAYNE BLVD, SUITE 3760-A139
MIAMI, FL 33131

SUBJECT: ABSOLUTA PROPERTIES LLC
Ref. Number: L17000068232

FILED
2017 OCT -2 PM 12:40
TALLAHASSEE, FLORIDA

We have received your document for ABSOLUTA PROPERTIES 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 017A00014821

RECEIVED
2017 OCT -2 PM 12:41
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: Absoluta Properties LLC
2. (a) 2 South Biscayne Blvd., Suite 3760-A139
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Miami, Florida 33131
- (b) 2 South Biscayne Blvd., Suite 3760-A139
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Miami, Florida 33131

3. March 27, 2017
Date of filing/registration in Florida
4. L17000068232
Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

- (b) Cristiana M. Chaney
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2 South Biscayne Blvd., Suite 3760-A139

Miami, FL 33131

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.

X Cristiana M. Chaney
Signature of a member or authorized representative of a member

Cristiana M. Chaney
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.

X Cristiana M. Chaney
Signature of Registered Agent

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