

L17000095330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

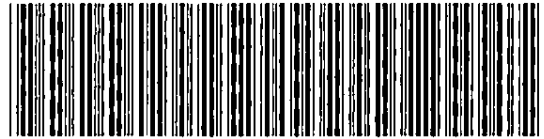
(Business Entity Name)

(Document Number)

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2024 JAN 10 PM 3:23  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** World Seafood 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:

Juan D Suarez Loaiza

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

World Seafood LLC

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

2393 S Congress Ave Ste 214

\_\_\_\_\_  
Address

Palm Springs Fl 33406

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

elviraceliatax@gmail.com

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

For further information concerning this matter, please call:

Juan D Suarez Loaiza

561 7296666  
at ( )

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2023

JUAN D SUAREZ LOAIZA  
2393 S CONGRESS AVENUE  
STE 214  
PALM SPRINGS, FL 33406

SUBJECT: WORLD SEAFOOD LLC  
Ref. Number: L17000095330

We have received your document for WORLD SEAFOOD 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 document is not acceptable for imaging. I have enclosed a new form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 323A00025504

11/02/2023

**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: World Seafood LLC

2. (a) 2393 S Congress Ave Ste 214  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

Palm Springs, FL 33406

04/28/2017

L17000095330

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

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

5701 Collins Ave 914

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Miami Beach, FL 33140

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Juan D Suarez Loaiza

NEW Registered Office Address:

2393 S Congress Ave Ste 214

Palm Springs, FL 33406

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

Juan D Suarez Loaiza

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Signature of Registered Agent

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

**FILED**  
**2024 JAN 10 PM 3:23**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**