

L17000 101552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

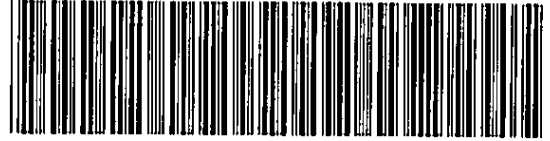
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400347272934

07/06/20--01015--002 **50.00

R WHITE
SEP 15 2020

SEP 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIMET CONSULTING
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:

TIM DOBRINICH
Name of Person

TRIMET CONSULTING
Firm/Company

17751 HICKOK BELT LOOP
Address

LAKEWOOD RANCH FL 34411
City/State and Zip Code

TIM@TRIMED3D.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM DOBRINICH at (314) 409 1950
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



2020 SEP 10 PM 1:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2020

TIM DOBRINICH
17751 HICKOK BELT LOOP
LAKEWOOD RANCH, FL 34211

SUBJECT: TRIMET CONSULTING LLC
Ref. Number: L17000101552

We have received your document for TRIMET CONSULTING LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Changes to the registered agent information have already been made on the annual report.

→ 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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 220A00015652

→ WHAT DOCUMENT? I ENCLOSED THE ANNUAL REPORT IS THAT WHAT YOU NEED?

I TRIED TO CALL, BUT ALL I GET IS A VOICE MAIL. I LEAVE MY NAME AND NUMBER BUT NEVER GET A RETURN CALL.

PLEASE CALL ME AT 314 409 1950

**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: TRIMET CONSULTING
2. (a) 17751 HICKOK BELT LOOP
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
LAKEWOOD RANCH FL
34211
- (b) 17751 HICKOK BELT LOOP
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
LAKEWOOD RANCH FL
34211
3. 05/08/17
Date of filing/registration in Florida
4. L17000101552
Document number
5. (a) FLORIDA REGISTERED AGENT LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4TH ST N STE 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ST PETERSBURG, FL. 33702
- (b) TIMOTHY DORRINCH
Enter name of NEW Registered Agent and/or NEW Registered Office address:
~~17751 HICKOK BELT LOOP~~ LAKEWOOD RANCH FL 34211
17751 HICKOK BELT LOOP
LAKEWOOD RANCH, FL. 34211

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.

Timothy Dorrich
Signature of a member or authorized representative of a member

TIMOTHY DORRINCH
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