

L17000 126 614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

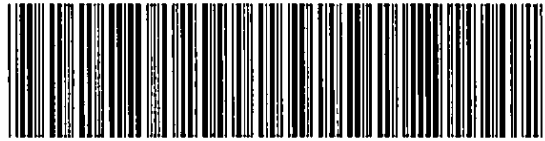
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FILED

2019 APR 10 PM 6:57

U.S. HOUSE OF REPRESENTATIVES

C. GOLDEN

APR 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Calvin Ryan Trading 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:

Calvin Ryan

Name of Person

Calvin Ryan Trading LLC

Firm/Company

5110 S Manhattan #5207

Address

Tampa, FL 33611

City/State and Zip Code

calvinryan@gmail.com

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

For further information concerning this matter, please call:

Calvin Ryan

Name of Person

at (813)

480-0060

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

March 23, 2019

CALVIN RYON
5110 S MANHATTAN #5207
TAMPA, FL 33611

SUBJECT: CALVIN RYON TRADING LLC
Ref. Number: L17000126614

RECEIVED
2019 APR 10 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 119A00005760

**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: Calvin Ryon Trading LLC
2. (a) 5110 S Manhattan Ave #5207 (b) 5110 S Manhattan Ave #5207
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Tampa, FL 33611

Tampa, FL 33611

3. June 9, 2017 4. L17000126614
Date of filing/registration in Florida Document number

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

5110 S Manhattan Ave Suite 5207
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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Tampa, FL 33611

- (b) Calvin Ryon
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5110 S Manhattan Ave #5207
NEW Registered Office Address:

Tampa, FL 33611

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.

Marvin Doriot
Signature of a member or authorized representative of a member

Marvin Doriot
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.

Calvin Ryon
Signature of Registered Agent

FILED
2019 APR 10 PM 6:57
TALLAHASSEE, FL