

L17000184921

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

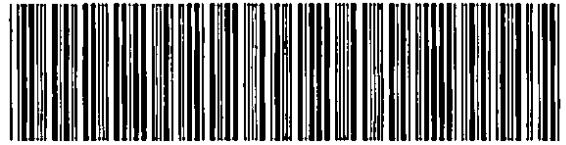
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TALLAHASSEE, FL

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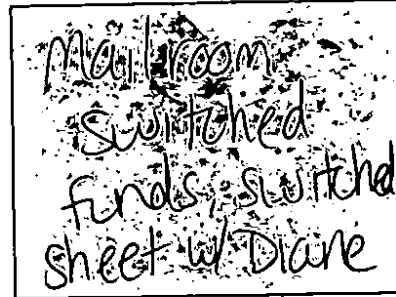


FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2018

JULIO D DAVILLA
2170 WEST STATE RD 434 STE 450
LONGWOOD, FL 32779 US

SUBJECT: SIMOES DAVILA, PLLC
Ref. Number: L17000041522



We have received your document for SIMOES DAVILA, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 418A00014981

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMOES DAVILA & PARTNERS, PLLC

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:

JULIO D. DAVILA

Name of Person

SIMOES DAVILA, PLLC

Firm/Company

2170 WEST STATE ROAD 434, STE. 450

Address

LONGWOOD, FL 32779

City/State and Zip Code

DAVID@DAVILALAWGROUP.COM

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

For further information concerning this matter, please call:

JULIO D. DAVILA

at (407) 951-4704

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: SIMOES DAVILA & PARTNERS, PLLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

2170 WEST STATE ROAD 434, STE. 450

LONGWOOD, FL 32779

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

2170 WEST STATE ROAD 434, STE. 450

LONGWOOD, FL 32779

3. 6/18/2018 Date of filing/registration in Florida

4. L17000041522-184921 Document number

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

JOSEPH C STAYANOFF PA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3495 MEDFORD RD

CASSELBERRY, FL 32707

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

JULIO D. DAVILA

NEW Registered Office Address:

351 E. NEW YORK AVE, STE. 200

DELAND, FL 32724

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

JULIO D. DAVILA

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