

L17000195126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

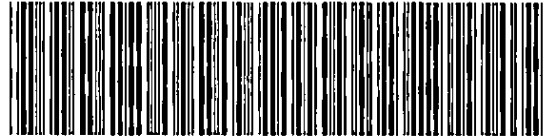
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Gables Preschool 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:

Maria Pluchino
Name of Person

Coral Gables Preschool LLC
Firm/Company

320 Giralda Ave.
Address

Coral Gables FL 33134
City/State and Zip Code

preschoolingables@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Pluchino at (786) 344-2852
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2018

MARIA PLUCHINO
CORAL GABLES PRESCHOOL LLC
320 GIRALDA AVENUE
CORAL GABLES, FL 33134

SUBJECT: CORAL GABLES PRESCHOOL LLC
Ref. Number: L17000195126

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

The form you submitted is for a Florida Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00024621

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: Coral Gables Preschool LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 320 Giralda Ave 320 Giralda Ave
Coral Gables FL 33134 Coral Gables FL 33134
3. 09/20/2017 4. L17600195126
Date of filing/registration in Florida Document number
5. (a) DAVAL, SARAT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
19200 SW 57th Court
Southwest Ranches FL 33332
- (b) Maria Pluchino
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- 363 Anagon Ave.
NEW Registered Office Address:
Coral Gables FL 33134

_____ FL _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Maria Luisa Pluchino
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