Division of Corporations Electronic Filing Cower Sheet

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LLC REGISTERED AGENT CHANGE 7790 MANASOTA KEY ROAD LLC

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Electronic Filing Menu

Corporate Filing Menu

J J.

Help

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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. Na	me of the limited liability company: 7790 MANAS	OTA K	EY ROA	D LLC	
2. (a)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	5935 Hammock Lake Drive	5935 Hammock Lake Driv			ive
	Coral Gables, FL 33156		Coral G	iables, FL 33156	
	November 27, 2017	•	.i. .L170002	42858	
3.	Date of filing/registration in Florida	- 4.		Dacument number	
-	Alberto Knoepffler				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	te:	
	5935 Hammock Lake Drive				رس:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>s)</u> .	-	Pic II
	Coral Gables , FL	33156	,	-	TALLAHASSEE, FLORIO
(b)	Alessandra Valentina Losciale		,		三 三
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	(तुरस्काः	_	Z. 24 LORIO
	NEW Registered Office Address:			_	44.
	, FL			_	
the cha agent v	imited liability company is not organized under the landing or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability of of the lin limited	istered offic company, it nited liabili liability co	ce and the business of is hereby confirmed ity company or as of	that the change(s)
Signa	ture of a member or authorized proresentative of a member		<u>.</u>	Printed or typed name	e of signee
I here provisi the ob- to mer notifie	by accept the appointment as registered agent and age ions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree 10 ac perform d for in hereby	n in this ca nance of my Chapter 60 confirm tha	pacity. I further agn duties, and I am fa 15. F.S. Or, if this d t the limited liahility	ee to comply with the miliar with and accept ocument is being filed accept ocempany has been
Signati	are of Registered Agent				

Division of Corporations P.O. Box 63225 Tallahassee, FL 32314 FILING FEE: \$25.50