

L18000018004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

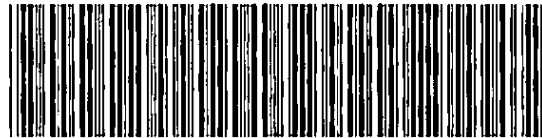
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/10 11:00 AM *2511

ALL AGENTS, FILING OFFICERS

2010 JUL -2 A 9:10

11:00 AM

5/11/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2018

THOMAS R GALL
2470 FLAT STONE DR
CUMMING, GA 30041

SUBJECT: 703 ARIOLA LLC
Ref. Number: L18000018004

We have received your document for 703 ARIOLA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00012990



RECEIVED

2018 JUL -2 AM 11:35

FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 703 ARIOLA 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:

Thomas R. Gall

Name of Person

Self-Employed

Firm/Company

2470 Flat Stone Drive

Address

Cumming, GA 30041

City/State and Zip Code

trgsprintcup@gmail.com

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

For further information concerning this matter, please call:

Thomas R. Gall

at (404) 932.3899

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

FILED
2018 JUL -2 A 9 11
TALLAHASSEE, FLORIDA

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: 703 ARIOLA LLC
2. (a) 2470 Flat Stone Drive Cumming, GA 30041 (b) 2470 Flat Stone Drive Cumming, GA 300
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 05/08/18 Date of filing/registration in Florida 4. L18000018004 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3030 N Rocky Point Dr Suite 150A

Tampa, FL 33607

- (b) Thomas R. Gall

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

Thomas R. Gall

NEW Registered Office Address:

2470 Flat Stone Drive 22 Wfa de lunay unit 1101

Cumming, GA Penicola Beach FL 30041 32561

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.

Thomas R. Gall

Signature of a member or authorized representative of a member

Thomas R. Gall

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.

Thomas R. Gall

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00