

218000137248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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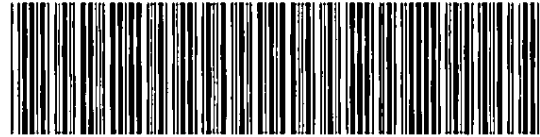
(Business Entity Name)

(Document Number)

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SEP 17 2018

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: De La Cruz Services 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:

Rosario M. Cruz

Name of Person

De La Cruz Services LLC

Firm/Company

1825 Ponce de Leon Boulevard, No. 269

Address

Coral Gables FL 33134-4418

City/State and Zip Code

editoralm@yahoo.com

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

For further information concerning this matter, please call:

Rosario M. Cruz

at (786)

766-9170

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

2018 SEP 12 AM 9:35

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: De La Cruz Services LLC

2. (a) 1825 Ponce de Leon Boulevard, No. 269 (b) 1825 Ponce de Leon Boulevard, No. 269

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

Coral Gables FL 33134-4418

Coral Gables FL 33134-4418

06/04/2018

L18000137248

3. Date of filing/registration in Florida

4. Document number

5. (a) Rosario M. Cruz

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1825 Ponce de Leon Boulevard, No. 269

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Coral Gables, FL 33114-6901

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

NEW Registered Office Address:

345 SW 10th Avenue

Miami, FL 33130-2108

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.

Rosario M. Cruz
Signature of a member or authorized representative of a member

Rosario M. Cruz

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.

Rosario M. Cruz
Signature of Registered Agent