118000159713

(Requestor's Name)
(Address)
(Address)
(1.001233)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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07/25/22--01035--361 **29.00

TALLAHASSEE, FLORIDA

2022 JUL 27 AH 8: 31

JUL 2 8 2022 S. PRATHER



June 20, 2022

LOS TAPATIO'S LLC 231 SEMORAN COMMERCE PLACE APOPKA, FL 32703

SUBJECT: LOS TAPATIO'S LLC Ref. Number: L18000159713

Our records indicate the registered agent for the above named corporation resigned on March 22, 2022 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Letter number: 722A00013875

Stacy Prather Regulatory Specialist III Division of Corporations

COVER LETTER

f .

INHS18 (2/14)

TO: Registration Section Division of Corporations							
SUBJECT: LOS Tapatios 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 f	Collowing:						
OSCAR Rodriguez Name of Person							
LOS Tapatios LLC Firm/Company							
231 Semoran Commerce PL #10 Address	OOL						
Apoplea F1. 32703 City/State and Zip Code							
Son carbes @ aol. Com E-mail address: (to be used for future annual report notifi	cation)						
For further information concerning this matter, please call:							
OScae Rodriguez at (321) Name of Person	370-8215 Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:							
□ \$25 Filing Fee □ \$5	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 Ma	ame of the limited liability company:	· octio	s 110		
			Semoran iling address of limited Note: MAY BE POST	l liability com	pany: 🖼 /01 B
	Apopta, Fl. 32703	Apop1	ta Fl. 30	1703	
3.	7/2/2018 Date of filing/registration in Florida 4.		00159713 ocument number	?	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:			
	Apopka FL 30			ZOZZ JUL JALLAHA: TALLAHA:	
(b)	OScar Rodriguez Herr Enter name of NEW Registered Agent and/or NEW Registered Office add		•	SSEEL FLORID	
	NEW Registered Office Address: 627 Herb Hudson CT			A	
If the l	Apopka , FL 3 & 3		da, it is hereby con	firmed that	after the
change agent v	e or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability concere authorized by an affirmative vote of the members of the limiticles of organization or the operating agreement of the limited liability.	I office and the open of the open open of the open of the open of the open of the open open open open open open open ope	he business office ereby confirmed the ompany or as other one.	of the regis at the chan rwise provi	tered ge(s)
Signa	ture of a member/syluboryted representative of a member) SCar P	rinted or typed pame o	7 f signee	
provisi the obl to mer	by accept the application as registered agent and agree to act is ions of all statutes relative to the proper and complete performaning tions of my position as registered agent as provided for in Clerky reflect a change in the registered office address, I hereby cond in writing of this enable.	nce of my dut	ies and Lam fami	liar with an	d accent
Signatu	re of Register of Agent				
	Division of Corporations P.O. Box 63276 FILING FEE: \$25.0		e, FL 32314		