

L18000 169474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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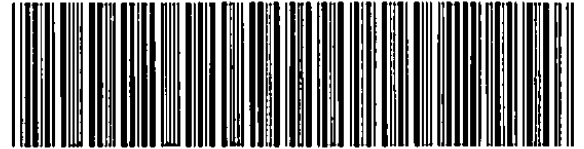
(Business Entity Name)

(Document Number)

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2020 JUL 9 12:00
FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2020

RYAN GANO
R. W. GANO, LMFT LLC
7450 DR PHILLIPS BLVD, SUITE 314
ORLANDO, FL 32819

SUBJECT: R. W. GANO, LMFT LLC
Ref. Number: L18000169474

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00013349

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. W. Gano, LMFT 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:

Ryan Gano
Name of Person

R. W. Gano, LMFT LLC
Firm/Company

7450 Dr Phillips Blvd, Suite 314
Address

Orlando, FL 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

Ryan Gano at (210) 646-1679
Name of Person 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

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH
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

1. Name of the limited liability company: R.W. Giano, LMFT LLC

2. (a) 7450 Dr Phillips Blvd, Suite 314 (b) 7450 Dr. Phillips Blvd

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Orlando, FL 32819

Orlando, FL 32819

07/13/2018

L18020169474

3. Date of filing/registration in Florida

4. Document number

5. (a) Northwest 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)

7901 4th Street N, suite 300

St. Petersburg FL 33702

(b) Ryan Giano

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

R.W. Giano, LMFT LLC

NEW Registered Office Address:

7450 Dr Phillips Blvd, Suite 314

Orlando FL 32819

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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/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]
Signature of a member or authorized representative of a member

Ryan Giano
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 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]
Signature of Registered Agent

2020 JUL 31 PM 3:10