## 118000207968

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

Office Use Only



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September 15, 2018

CARLOS RODRIGUEZ C&M UNIVERSAL SUPPLY LLC 21012 SW 97TH PL CUTLER BAY, FL 33189

SUBJECT: C&M UNIVERSAL SUPPLY LLC

Ref. Number: L18000207968

We have received your document for C&M UNIVERSAL SUPPLY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a 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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 618A00019262

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: C. J. M. Universal Supply  Name of Limited Liability Company   |  |
| . Tame of Emmed Eddomy 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:   |  |
| Carlos Alberto Rosiquez Ruiz Name of Person   |  |
| CAM Universal Supply Firm/Company   |  |
| 21012 5W 97th PL Address  |  |
| Cotler Bay FC 33189<br>Chy/State and Zip Code   |  |
| E-mail address: (to be used for future annual report notification)  |  |
| For further information concerning this matter, please call:  |  |
| Cay los Robniquez at (786) 630 - 7442  Name of Person at (786) 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   |  |
| INHS18 (2/14)   |  |

## 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. N   | Tame of the limited liability company: CRA Universal Sopply  |
|--|--|
| 2. (a)                                       | 21012 SW 9.7th PC Coller Boy, F(33187(b) 21012 SW 9.7th PC Coller Boy, F(33)8  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)  |
|  | 1 + 7 - 7 - 10   |
| 3.   | Hugust 30, 2018 L1800020 3968  Date of filing/registration in Florida 4. Document number   |
| 5. (a  | Nnites States Corporation Agents, INC<br>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |
| (b)  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  /3302 Winding OAK Court A  Tampa ,FL 33612  Carlos Rodrigue3  Enter name of NEW Registered Agent and/or NEW Registered Office address:  21012 Sw 97th Pl  NEW Registered Office Address:   |
|  | Cutter Bay, FL 33189   |
| the chagent was/v                            | limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after lange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.  |
|  | ature of a member or authorized representative of a member.  Car los Robrig de 3  Printed or typed name of signee  |
| _  | Times of the manual control of the manual co |
| i ner<br>provi.<br>the ol<br>to me<br>notifi | eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been the discount of this change.  |

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

Signature of Registered Agent