

L18000 239 414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

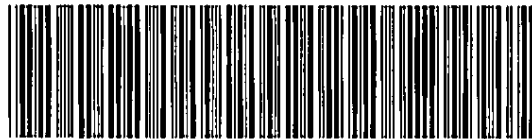
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/19--01014--010 **25.00

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2019 JUN 15 PM 12:36
JUN 15 2019

RH/chg

JUN - 3 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continuous Dance Training, 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:

Norman D. Rogers, II

Name of Person

**FILING CANCELLED
DUE TO RETURNED CHECK**

Continuous Dance Training, LLC

Firm/Company

1205 E. Curtis Street

Address

Tampa, FL 33603

City/State and Zip Code

lcavicch@gmail.com

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

For further information concerning this matter, please call:

Laren Cavicchio 813 598-7955

Name of Person

at (_____) _____
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

**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: Continuous Dance Training, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1205 E. Curtis Street

1205 E. Curtis Street

Tampa, FL 33603

Tampa, FL 33603

02/23/2019

7838887228CC

3. _____ 4. _____
Date of filing/registration in Florida Document number

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

Norman D. Rogers

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1205 E. Curtis Street

Tampa, FL 33603

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2019 MAY 15 PM 12:36

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

Norman D. Rogers, II

NEW Registered Office Address:

**FILING CANCELLED
DUE TO RETURNED CHECK**

_____, FL _____

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.

[Signature]
Signature of a member or authorized representative of a member

Laren Cavicchio
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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