

L18000243182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

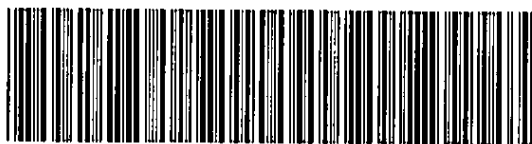
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900327952979

04/16/19--01007--005 \*\*25.00

FILED

19 JUN 14 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 17 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2019

ADRIAN CEPERO  
MAC LOSS CONSULTING LLC  
8579 SW 214 TERRACE  
CUTLER BAY, FL 33189

SUBJECT: MAC LOSS CONSULTING, LLC  
Ref. Number: L18000243132

We have received your document for MAC LOSS CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHAT CHANGING ARE BEING MADE

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 419A00008470

RECEIVED

2019 JUN 14 PM 2:52

SEC  
TA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAC LOSS CONSULTING, 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:

ADRIAN CEPERO

Name of Person

MAC LOSS CONSULTING, LLC

Firm/Company

8579 SW 214 TER

Address

CUTLER BAY, FL 33189

City/State and Zip Code

ac@macloss.com

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

For further information concerning this matter, please call:

ADRIAN CEPERO at ( 305 ) 725-5011  
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

**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: MAC LOSS CONSULTING, LLC

2. (a) MAC LOSS CONSULTING, LLC (b) MAC LOSS CONSULTING, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8579 SW 214TH TER

CUTLER BAY, FL 33189

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8579 SW 214TH TER

CUTLER BAY, FL 33189

10/15/2018

L18000243182

3. Date of filing/registration in Florida

4. Document number

5. (a) MAC LOSS CONSULTING, LLC

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

ADRIAN CEPERO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8579 SW 214TH TER

CUTLER BAY, FL 33189

(b) ADRIAN CEPERO

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

8579 SW 214TH TER

NEW Registered Office Address:

CUTLER BAY, FL 33189

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.

Adrian Cepero  
Signature of a member or authorized representative of a member

ADRIAN CEPERO

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.*

Adrian Cepero  
Signature of Registered Agent

FILED  
19 JUN 14 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA