

L18 000 290899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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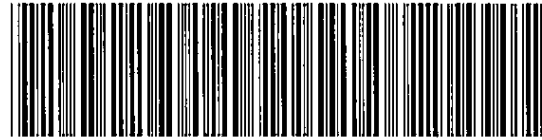
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG -4 PM 02 03

FILED

T. LEMIEUX
AUG 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARDIMAR USA 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:

JUAN ALONSO

Name of Person

ALONSO & DIAZ PLLC

Firm/Company

14100 PALMETTO FRONTAGE RD STE 112

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

fbirnbaum@fbm.tax

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

For further information concerning this matter, please call:

JUAN ALONSO

Name of Person

at (305) 827-8311

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

STATE OF FLORIDA LIMITED LIABILITY COMPANY

ARIDIMAR LP, A LLC

(b)

NEW **MUST BE FLORIDA STREET ADDRESS**

BRICKELL AVE 848 STE 300
MIAMI, FL 33131

NEW **MAY BE POST OFFICE BOX**

BRICKELL AVE 848 STE 300
MIAMI, FL 33131

12/19/2018

L18000290899

Date of filing registration in Florida

4.

Document number

INNOVATION TAX AND TRUST US LLC

(a)

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

BRICKELL AVE 848 STE 300

MIAMI, FL 33131

(b)

FBM INTERNATIONAL ADVISORY LLC

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

NEW Registered Office Address:

64 NW 54TH ST STE 105

MIAMI, FL 33127

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 of a member or authorized representative of a member

MARCELO HAJNAL

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 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 of Registered Agent

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

FILED
JAN 22 - 4 10 03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE