

L19 000051 760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

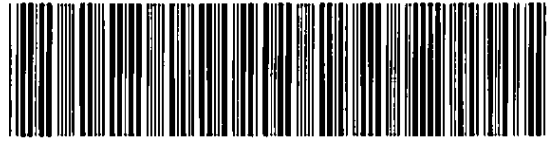
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2020 MAR 16 PM 12:25

R. WHITE  
MAR 19 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 40ASSET SURPLUS REALLOCATION LLC

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L19000051760

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nicholas Derian

Contact Person

ASSET SURPLUS REALLOCATION LLC

Firm/Company

16578 N Dale Mabry Hwy.

Address

Tampa, FL 33618

City, State and Zip Code

nickd@surgishop.com

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

For further information concerning this matter, please call:

Nicholas Derian

at ( 818 ) 406 4443

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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



2020 MAR 10 AM 2:02

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2020

NICHOLAS DERIAN  
16578 N DALE MABRY HWY  
TAMPA, FL 33618

SUBJECT: ASSET SURPLUS REALLOCATION LLC  
Ref. Number: L19000051760

We have received your document for ASSET SURPLUS REALLOCATION 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 LIMITED PARTNERSHIP, 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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 320A00005177

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Asset Surplus Reallocation 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:

Nicholas Devion  
Name of Person

Surkish  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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

*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.*

2. (a) 16578 N Dale Mabry Hwy Tampa FL 33618  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 16578 N Dale Mabry Hwy Tampa FL 33618  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

02/26/2019	L19000051760
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>

5. (a) Nicholas Derian  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4809 EHRLICH RD STE 101 TAMPA, FL 33624

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4809 EHRLICH RD STE 101 TAMPA, FL 33624  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Nicholas Derian

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

16578 N Dale Mabry Hwy TAMPA FL 33618

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NEW Registered Office Address:

16578 N Dale Mabry Hwy TAMPA FL 33618

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\_\_\_\_\_, 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.

Sebastian Gereau  
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

2020, 18 Pi 12:25