## L19 000 114 235

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(ride	11033)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	Office Use On	



900376045029

11/08/21--01027--021 \*\*35.00



Y SULKER DEC 1 4 2021





November 29, 2021

VANESSA JARAMILLO 10130 PENZANCE LANE ROYAL PALM BEACH, FL 33411

SUBJECT: SUMMER AV&V LLC Ref. Number: L19000114235

We have received your document for SUMMER AV&V 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 PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 521A00028628

Yasemin Y Sulker Regulatory Specialist III

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SUNHER AV.	&V LLC.	
Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
VANESSA JAFAMILLO Name of Person	<u>)                                    </u>	
SULUER AVEN LLC. Firm/Company		
10130 PENZANCE LANG Address		
RCYAL PALM BEACH FL, 3' City/State and Zip Code	3411	
moppetS1300 commail.com E-mail address: (to be used for future annual repor	T notification)	
For further information concerning this matter, please ca	all:	
VANESSA JAPANILLO at Name of Person	561 ) 68:57177.  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	

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. Name of the limited liability company: SUMER AVEV LLC.
2. (a) 10130 PENZANCE Lane. (b) 10130 Penzance Lane
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
foughtolm Berich Rough Palm Beach
FI 33411 FI 33411
04/26/2019 <u>L19000114235.</u>
3. Date of filing/registration in Florida 4. Document number
5. (a) HISPANIC FINANCIAL TAX SER UKES INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7401 INTES PD SUITE.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
100
MORAL SPRINGS IN 33067
$\omega$
(b) VANESSA JAPANILLO Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
10130 PENZANCE LANE.
NEW Registered Office Address:
FOYAL PALM BEACH
27:III
, FI
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.
Vanessa Janamillo
Signature of a member or authorized representative of a member 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 postti <del>umas registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed</del> to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been
notifiedlyn writing of this change.
( Y live 200 Chranilo
Signature of Registered Agent

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

INHS18 (2/14)