

L19000 123697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

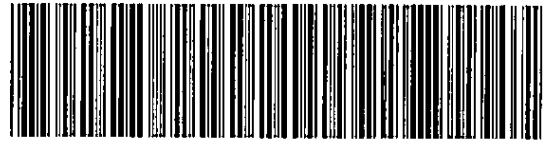
(Business Entity Name)

(Document Number)

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

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ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JTV SERVICES 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:

JOEL TORRALBAS VILLA

\_\_\_\_\_  
Name of Person

JTV SERVICES LLC

\_\_\_\_\_  
Firm/Company

670 W 39PL

\_\_\_\_\_  
Address

HIALEAH, FL 33012

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

JTVSERVICES25@YAHOO.COM

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

For further information concerning this matter, please call:

EDUARDO TORRALBAS

786 413 6379  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2021

JOEL TORRALBAS VILLA  
670 W 39 PL  
HIALEAH, FL 33012

SUBJECT: JTV SERVICES LLC  
Ref. Number: L19000123697

We have received your document for JTV SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton  
Regulatory Specialist III

Letter Number: 221A00024467

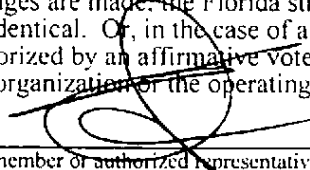
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: JTV SERVICES LLC
2. (a) 720 NE 1 PLACE (b) P.O. BOX 111304  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
HALEAH FL 33010 HALEAH FL 33011-1304
3. 05/10/2019 4. L19000123697  
Date of filing/registration in Florida Document number
5. (a) EDUARDO RAMON TORRALBAS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
720 NE 1 PLACE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
HALEAH FL 33010
- (b) JOEL TORRALBAS VILLA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
670 W 39th PLACE  
HALEAH FL 33012

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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

EDUARDO RAMON TORRALBAS  
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