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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2020

2020 MAY 15 PM 4:1

JANET CABANAS
CABANAS EYECARE LLC
508 NW 53 ST
BOCA RATON, FL 33487

SUBJECT: CABANAS EYECARE LLC
Ref. Number: L19000150734

We have received your document for CABANAS EYECARE 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):

YOU MUST SUBMIT ALL PAGES FOR FILING.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 920A00009868

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABANAS EYECARE 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:

JANET CABANAS

Name of Person

CABANAS EYECARE LLC.

Firm/Company

508 NW 53 ST

Address

BOCA RATON. FL. 33487

City/State and Zip Code

janetcabanas1@gmail.com

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

For further information concerning this matter, please call:

JANET CABANAS at (305) 450-1407

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

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: CABANAS EYECARE LLC.
2. (a) 508 NW 53 ST
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
BOCA RATON, FL. 33487
- (b) 508 NW 53 ST
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
BOCA RATON, FL. 33487
3. 06/06/2019
Date of filing/registration in Florida
4. L19000150734
Document number
5. (a) JANET CABANAS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
9937 NW 6 CT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL. 33324
, FL
- (b) JANET CABANAS
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
508 NW 53 ST
NEW Registered Office Address:
BOCA RATON, FL. 33487
, 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.

[Signature] Signature of a member or authorized representative of a member
JANET CABANAS 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]
Signature of Registered Agent