

L19000 229 131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTRAROME 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:

MANUEL SANTAMARIA

Name of Person

EXTRAROME LLC

Firm/Company

11457 NW 34TH STREET

Address

DORAL FL 33178

City/State and Zip Code

berthagarcia@polaroma.com

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

For further information concerning this matter, please call:

Bertha Garcia

305
at ()

593 6088

Name of Person

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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 Florida.

1. Name of the limited liability company: EXTRAROME LLC

2. (a) 5955 NW 105th CT apt 309, Doral, FL 33178
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 5955 NW 105th Ct, apt 309 Doral F
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 09/10/2019 Date of filing/registration in Florida

4. L19000229131 Document number

5. (a) Melissa ROJAS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5955 NW 105TH court APT 309, DORAL FL 33178
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
CIELO MARIA NUNEZ
NEW Registered Office Address:
5955 NW 105 COURT, APT 309
DORAL, FL 331778

2019 OCT -3 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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.

Melissa Rojas N. Signature of a member or authorized representative of a member
Melissa Margarita Rojas Narino Printed or typed name of signer

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being used 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.

* Cielo Nunez
Signature of Registered Agent