

L 19000234381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

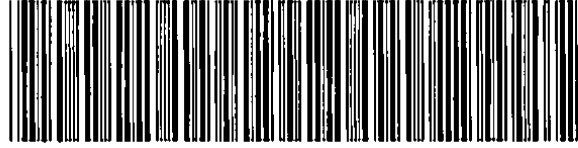
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(904) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ANTURA MANAGMENET

SULTANTS LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature

Requested by: BRANDEN

03/04/21

e

Date

Time

Out-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

AVENTURA MANAGEMENT CONSULTANTS LLC

SUBJECT: _____
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:

Stephanic Avitan, Esq.

Name of Person

EPGD Attorneys at Law, P.A.

Firm/Company

777 SW 37th Ave., Suite 510

Address

Miami, FL 33135

City/State and Zip Code

Stephanic@epgdllaw.com

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

For further information concerning this matter, please call:

Stephanic Avitan, Esq. 786 837-6787

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

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.

AVENTURA MANAGEMENT CONSULTANTS LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
 11477 NW 81ST LANE 11477 NW 81ST LANE

 DORAL, FL 33178 DORAL, FL 33178

3. _____ 4. _____
 Date of filing/registration in Florida Document number
 09/17/2019 L19000234381

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 CHAUDHURI, BHASKAR R

 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
 11477 NW 81ST LANE

 DORAL 33178
 _____, FL _____

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
 EPGD Attorneys at Law, P.A.

NEW Registered Office Address:
 777 SW 37th Ave., Suite 510

 Miami 33135
 _____, FL _____

SEP 17 2019 5 10 PM
 TALLHASSEE, FL
 STATE
 FILED

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.

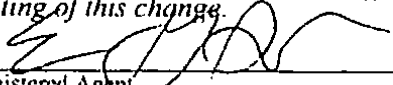


 Signature of a member or authorized representative of a member

Stephanie Avitan, Esq. (Authorized Representative)

 Printed or typed name of signee

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 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