

L19000289720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 01 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2021

RHASHYDA WASHINGTON
16809 GOLD STAR CT
CLERMONT, FL 34714

SUBJECT: RAW TAX LLC
Ref. Number: L19000289720

We have received your document for RAW TAX LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00002923

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAW TAX 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:

Rhashyda Washington

Name of Person

Raw Tax LLC

Firm/Company

16809 Gold Star Ct

Address

Clermont, FL, 34714

City/State and Zip Code

rhashyda@rawtaxes.com

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

For further information concerning this matter, please call:

Rhashyda Washington

321

317-8854

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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DEC 28 2020

**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: RAW TAX LLC

2. (a) Principal Office
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
16809 Gold Star Ct
Clermont, FL 34714

(b) Mailing Address
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
16809 Gold Star Ct
Clermont, FL 34714

3. Date of filing/registration in Florida: 11/21/2019

4. Document number: L19000289720

5. (a) Registered Agent
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LEGALINC CORPORATE SERVICES INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS, FL 33907

(b) New Registered Agent
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Brittany Pouney
NEW Registered Office Address:
902 N Palm Ave
Kissimmee, FL 34741

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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.

Rhashyda Washington
Signature of a member or authorized representative of a member

Rhashyda Washington
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.

Brittany Pouney
Signature of Registered Agent