P8114189

-	(Requestor's Name)	
	(Address)	
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)	
PICK-U	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	<u>_</u>	

Office Use Only

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277 AT 21 ATTO: 14

C. GOLDEN AUG 2 9 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Syare Suite LL Name of Lim	ited 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:	
Michael Sananes Name of Person		
Spare Suites LCC Firm/Company		
9226 Boca Gardens F	2 Kwy	
Boca Rator, FL 33496 City/State and Zip Code	: 	
Michael Sananes Demais E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	all:	
Michael Sananes at (201) 247 - 1147 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:	:	
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHOTHERITAL PAID		



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 30, 2020

MICHAEL SANANES 4400 SW 113TH AVENUE MIRAMAR, FL 33025

SUBJECT: SPARE SUITE LLC Ref. Number: L20000114189

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Letter Number: 120A00014261

Claretha Golden Regulatory Specialist II

www.sunbiz.org



June 15, 2020

MICHAEL SANANES 4400 SW 113TH AVENUE MIRAMAR, FL 33025

SUBJECT: SPARÉ SUITE LLC Ref. Number: L20000114189

We have received your document for SPARE SUITE 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.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Letter Number: 720A00011786

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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.

	Since on agent or dead, in the court of a continu
1. Name of the limited liability company: Spare Site	LLC
2. (a) 9226 Boca Gardens Pking (b) 9 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Apt B	Apt B
Boca Ration FL 33496 B.	oca Raton, FL 33496
04/27/2020 6.	20000114189
3. Date of filing/registration in Florida 4.	Document number
5. (a) <u>United States Corporation Ae</u> Registered Agent and Registered Office shown on the records of the Florida Dept.	ents, wc
SS75 S Semoran (31rd Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Suite 36	
Orlando E 3282	<u> </u>
	<u> </u>
(b) <u>Jessica Mancia</u>	—— <u> </u>
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
9226 Boca Gardens Pkwy NEW Registered Office Address:	
Apt B	
Boca Raton FL 3349	<u></u>
If the limited liability company is not organized under the laws of the State change or changes are made, the Florida street address of the registered offi agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability.	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signature of a member authorized representative of a member	Printed or typed name of signee
The designation of a manufacture of epicsentative of a method	Timed of 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 Register Agent