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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2021

CRISTINA SHEA
9860 SW 130 STREET
MIAMI, FL 33176

SUBJECT: CLOVERLEAF RENTALS, LLC
Ref. Number: L20000173981

We have received your document for CLOVERLEAF RENTALS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00030833

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cloverleaf Rentals, 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:

Cristina Shea

Name of Person

Cloverleaf Rentals, LLC

Firm/Company

9860 SW 130 ST.

Address

Miami, FL 33176

City/State and Zip Code

Ladyshea@bellsouth.net

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

For further information concerning this matter, please call:

Cristina Shea

Name of Person

at (305) 848-6679

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: Cloverleaf Rentals, LLC

2. (a) 12024 SW 132nd Ct. (b) 12024 SW 132nd Ct.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami, FL 33186

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami, FL 33186

3. 6-22-2020

Date of filing/registration in Florida

4.

L20000173981

Document number

5. (a) Trust Counsel, PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

357 Almeria Ave

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Suite 103

Coral Gables, FL 33134

(b) Cristina Shea

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9860 SW 130 St.

NEW Registered Office Address:

~~8800 SW 130 St.~~ ~~33176~~

Miami, FL 33176

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN -4 PM 2:08

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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.

Cristina Shea
Signature of a member or authorized representative of a member

Cristina Shea
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 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.

Cristina Shea
Signature of Registered Agent