

L20000259851

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

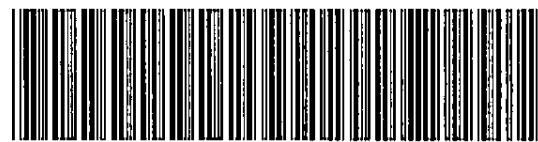
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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01/13/23--01007--015 \*\*\*35.00

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2023 MAR 29 PM 1:30  
ATTORNEY OF STATE  
OF FLORIDA  
BUREAU OF  
LICENSE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STAR600 CORP LALUMA PROPERTY 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:

ZAFAR AHSAN

Name of Person

STAR600 CORP.

Firm/Company

26 LEE ST

Address

CRAWFORDVILLE, FL 32327

City/State and Zip Code

ZAFARHOUSE@gmail.com

STAR600 CORP@gmail.com

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

For further information concerning this matter, please call:

ZAFAR AHSAN

Name of Person

at (631) 935-5616

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2023

ZAFAR AHSAN  
26 LEE STREET  
CRAWFORDVILLE, FL 32327

SUBJECT: LAILUMA PROPERTY LLC  
Ref. Number: L20000259851

PLEASE CALL  
ZAFAR IF ANY  
ISSUES.

631-935-5616

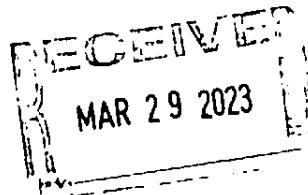
We have received your document for LAILUMA PROPERTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 623A00006271



2023-03-29 10:00

BY: \_\_\_\_\_

**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:	<u>LAILUMA PROPERTY LLC</u>	
2. (a) <u>1060 E 21<sup>st</sup> ST</u>	(b) <u>26 LEE ST</u>	
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>	
<u>JACKSONVILLE, FL 32206</u>	<u>CRAWFORDVILLE, FL 32327</u>	
<hr/>		
3. <u>8/21/20</u>	4. <u>L 20000 259851</u>	
Date of filing/registration in Florida	Document number	
5. (a) <u>CROCKETT LAW PL</u>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
<u>10033 SAWGRASS DRIVE WEST</u>		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
<u>STE 125</u>		
<u>PONTE VEDRA BEACH, FL 32082</u>		
(b) <u>ZAFAR AHSAN</u>	Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:	
<u>26 LEE ST</u>		
<u>NEW</u> Registered Office Address:		
<u>CRAWFORDVILLE, FL</u>		
<u>FL 32327</u>		

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TALLAHASSEE, FL

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.

Shane Ahsan  
Signature of a member or authorized representative of a member

GHANI AHSAN  
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.*

Shane Ahsan  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00