

K20 000 368 972

(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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2021 FEB 18 AM 7:53

2/18/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 10 10:03

January 27, 2021

CRUZ MEDINA, MIGUEL A
MIGUEL A CRUZ MEDINA LLC
1030 MAXEY DRIVE
WINTER GARDEN, FL 34787

SUBJECT: MIGUEL A. CRUZ MEDINA LLC
Ref. Number: L20000368972

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

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

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 621A00001850

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miguel A Cruz Medina 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:

Miguel A. Cruz Medina
Name of Person

Miguel a cruz medina llc
Firm/Company

1030 Maxey Dr
Address

Inter garden Fl, 34787
City/State and Zip Code

onkeytowngllc@gmail.com
E-mail address: (to be used for future annual report notification)

Further information concerning this matter, please call:

Miguel Cruz at (407) 346 6471
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

14)

☐ \$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: Miguel A Cruz Medina LLC
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**)
- 1030 Maxey dr Winter garden 1030 Maxey dr Winter garden
FL, 34787 FL 34787
3. 11/23/2020 4. L20000368972
Date of filing/registration in Florida Document number
5. (a) Miguel A Cruz Jr
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1030 Maxey dr
Winter garden, FL 34787

- (b) Miguel A Cruz Medina
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Miguel A Cruz Medina
NEW Registered Office Address:
1030 Maxey dr
Winter garden, FL 34787

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) 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

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Miguel A Cruz Medina
Signature of Registered Agent

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