

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
 Account Number : 120040000031  
 Phone : (800)906-9220  
 Fax Number : (800)906-9880

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**SABDEL LLC**

Certificate of Status	1
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2021 FEB -4 AM 10:25

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SABDEL 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:

STEVEN WEISS

Name of Person

ALLSTATE CORPORATE SERVICES CORP.

Firm/Company

2215 Hendrickson Street, Suite 1

Address

Brooklyn, NY 11234

City/State and Zip Code

FILING@ACS123.COM

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

For further information concerning this matter, please call:

SAL ABECASIS at ( 800 ) 906-9220  
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

# 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: SABDEL LLC

2. (a) 5000 GASPARILLA ROAD, BOCA GRANDE, FL 33921 (b) 5000 GASPARILLA ROAD, BOCA GRANDE, FL 33921

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

01/15/2021

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

TAREQ MANSOUR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5000 GASPARILLA ROAD

BOCA GRANDE, FL 33921

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

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.

Steven Weiss  
Signature of a member or authorized representative of a member

STEVEN WEISS

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.

Steven Weiss  
Signature of Registered Agent