L21 000036055

(Requestor's Name)

(Address)

(Address)

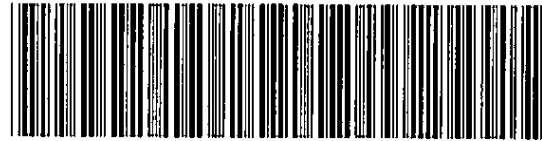(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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2021 APR -7 PM 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
       Division of Corporations

SUBJECT: Las Palmas Real Estate 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:

Yeleiny Vazquez Gonzalez
_____
Name of Person

Las Palmas Real Estate LLC
_____
Firm/Company

8902 N Dale Mabry Hwy Suite 101
_____
Address

Tampa, FL 33614
_____
City/State and Zip Code

laspalmasrealestate@yahoo.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yeleiny Vazquez Gonzalez   813   679-3694
_____ at (_____) _____
        Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   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

INHS18 (2/14)

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.

Las Palmas Real Estate LLC

1. Name of the limited liability company: _____

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*)
8902 N Dale Mabry Hwy Suite 101   8902 N Dale Mabry Hwy Suite 101

Tampa, FL 33614   Tampa, FL 33614

01/19/2021   L21000036055

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:
Yeleiny Vazquez Gonzalez

Registered Office Address   (*MUST BE FLORIDA STREET ADDRESS*)
4331 Onorio St

New Port Richey   34653
_____ , FL_____

(b) _____

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

Yeleiny Vazquez Gonzalez

NEW Registered Office Address:
8902 N Dale Mabry Hwy Suite 101

Tampa   33614
_____ , FL_____

2021 APR -7 PM 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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.

Yeleiny Vazquez Gonzalez

_____   _____
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 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 Registered Agent

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

INHS18 (2/11)