

L21000051643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 APR 18 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 APR 18 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FL

March 22, 2022

SUSAN DEMARTINO
2869 NW 24TH WAY
BOCA RATON, FL 33431

SUBJECT: SUSAN DEMARTINO, LLC
Ref. Number: L21000051643

4/13/22

Please confirm
this is what you want.
I have already
sent in the
25.

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 222A00006758

Ty
Susan
DeMoro

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Registered Agent
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:

Susan DeMartino

Name of Person

Susan DeMartino LLC

Firm/Company

2869 NW 24TH Way

Address

Boca Raton, FL 33431

City/State and Zip Code

Suzydemartino@aol.com

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

For further information concerning this matter, please call:

Susan DeMartino at (561) 350-1170

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: Susan DeMARTINO, LLC

2. (a) 2869 NW 24TH Way
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Boca Raton, FL 33431

(b) 2869 N.W. 24TH Way
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Boca Raton, FL 33431

3. JAN. 28TH 2021
Date of filing/registration in Florida

4. L 21000051643
Document number

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

Registered Agents Inc
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4TH St. N, Ste. 300
St. Petersburg, FL 33702

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

Susan DeMARTINO
NEW Registered Office Address:
2869 NW 24TH Way
Boca Raton, FL 33431

ETN # 86-2022369

FILED
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SECRETARY OF STATE
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.

Susan DeMARTINO
Signature of a member or authorized representative of a member

Susan DeMARTINO
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.

Susan DeMARTINO
Signature of Registered Agent