

L21000176219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 MAR -1 PM 1:24  
OFFICE OF RECORDS & INFORMATION

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WOODLANDS 4705 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:

Roberto Cubides

Name of Person

Firm/Company

18242 NW 15<sup>th</sup> CT

Address

Pembroke Pines, FL 33029

City/State and Zip Code

RobertoCubides@gmail.com

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

For further information concerning this matter, please call:

Roberto Cubides at (954) 3090148

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

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: WOODLANDS 4705 LLC  
2. (a) 18242 NW 15<sup>th</sup> CT (b) 18242 NW 15<sup>th</sup> CT  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

3. 2/23/2023 4. L21000176219  
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 BRICKELL AVE  
MIAMI, FL 33131

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

18242 NW 15<sup>th</sup> CT  
NEW Registered Office Address:  
PEMBROKE PINES, FL 33029

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.

R Cubides  
Signature of a member or authorized representative of a member

Roberto Cubides  
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.

R Cubides  
Signature of Registered Agent

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