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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

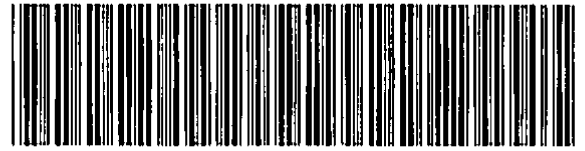
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2022 NOV -8 AM 11:45

*Ra Chang*

DEC 08 2022

D. CLISHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A&I Doral 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:

IVETTE ESCOBAR

Name of Person

A&I Doral LLC

Firm/Company

5335 NW 87<sup>th</sup> Ave, suite C-101

Address

Doral, FL 33178

City/State and Zip Code

ivette@sweetparis.com

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

For further information concerning this matter, please call:

IVETTE ESCOBAR

Name of Person

at ( 832 ) 540-7887

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

2022 NOV -8 PM 11:45



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2022

IVETTE ESCOBAR  
A & I DORAL LLC  
5335 NW 87TH AVE., STE C-101  
DORAL, FL 33178

SUBJECT: A&I DORAL LLC  
Ref. Number: L21000301655

We have received your document for A&I DORAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a 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.

Diane Cushing  
Senior Section Administrator

Letter Number: 122A00023857

NOV 08 2022

**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: A&I Doral LLC

2. (a) 5335 NW 87th Ave, C101, Doral FL 33178 (b) Same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

3. 06/30/2021 Date of filing/registration in Florida 4. L21 000301655 Document number

5. (a) United States Corporation Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 36

Orlando, FL 32822

(b) Ivette Escobar

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

5335 NW 87th Ave.

NEW Registered Office Address:

Suite C-101

Doral, FL 33178

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after a 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.

Ivette Escobar  
Signature of a member or authorized representative of a member

Ivette Escobar  
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 all 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.*

Ivette Escobar  
Signature of Registered Agent