

L21000309482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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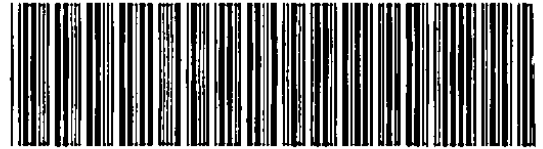
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RWTA, 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:

Thomas J. Gruseck, Esq.

Name of Person

Law Office of Thomas J. Gruseck, P.A.

Firm/Company

500 S. Australian Ave., Suite 600

Address

West Palm Beach, FL 33401

City/State and Zip Code

t.gruseck@gmail.com

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

For further information concerning this matter, please call:

Thomas J. Gruseck, Esq.

561 676-8681
at (_____) _____

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

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability co. submits the following statement in order to change its registered office or registered agent, or both, in the State of F.

1. Name of the limited liability company: RWTA LLC

2. (a) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2907 Avenue M

Fort Pierce, FL 34947

(b) _____

Mailing address of limited liability company

(Note: MAY BE POST OFFICE BOX)

2907 Avenue M

Fort Pierce, FL 34947

June 29, 2021

L21000309482

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:

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Chavoita Lesane

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2907 Avenue M

Fort Pierce FL 34947

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

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

Thomas Cole

NEW Registered Office Address:

(Registered Office Address to remain the same)

_____ . FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Thomas J. Gruseck, Esq., as authorized representative

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 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

2022 NOV 10 PM 12:44
CLERK OF STATE
TALLAHASSEE, FL