

L21000346645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

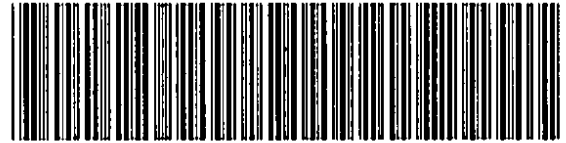
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

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APR 05 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALESAH 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:

FRIENDMAN JOSE ALVAREZ ROMERO

Name of Person

Alvarez F. / ALESAH LLC

Firm/Company

881 ORCHID GROVE BLVD

Address

DAVENPORT/FL 33837

City/State and Zip Code

ALESAHLLC@GMAIL.COM

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

For further information concerning this matter, please call:

FRIENDMAN JOSE ALVAREZ ROMERO

443
at ()

6531819

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR -5 AM 11:44

STATE
TALLAHASSEE, FL

February 2, 2022

FRIENDMAN JOSE ALVAREZ ROMERO
881 ORCHID GROVE BLVD
DAVENPORT, FL 33837

SUBJECT: ALESAH LLC
Ref. Number: L21000346645

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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 422A00002680

**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: ALESAH LLC

2. (a) 881 ORCHID GROVE BLVD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 881 ORCHID GROVE BLVD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DAVENPORT FL 33837

DAVENPORT FL 33837

08/02/2021

L21000346645

3. Date of filing/registration in Florida 4. Document number

5. (a) FRIENDMAN J ALVAREZ ROMERO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4959 BOND STREET EAST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

KISSIMMEE, FL 34758

(b) FRIENDMAN JOSE ALVAREZ ROMERO

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

881 ORCHID GROVE BLVD

NEW Registered Office Address:

DAVENPORT, FL 33837

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.

AFRANEZ F.
Signature of a member or authorized representative of a member

FRIENDMAN JOSE ALVAREZ ROMERO

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.

AFRANEZ F.
Signature of Registered Agent

FILED
2022 APR -5 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL