

h22000061073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

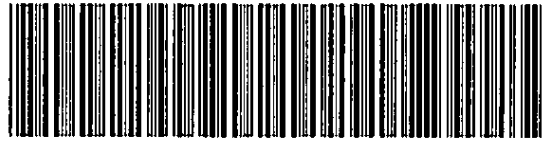
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600387606296

05/18/22--01012--003 \*\*25.00

FILED

2022 AUG 24 PM 4:28

SECONDARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Calabria #2601 I.L.C

**SUBJECT:** \_\_\_\_\_  
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:

Adriana Aiello Ambrugna

Name of Person

Weba Soflo LLC

Firm/Company

470 ANSIN BLVD 470A

## Address

HALLANDALE, FL 33009

City/State and Zip Code

adriana@ambrugna.com

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

For further information concerning this matter, please call:

Adriana Aiello Ambrugna	1	786-210-2210
-------------------------	---	--------------

Name of Person

Area Code &amp; 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 JUL 24 PM 3:40

SECTION  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2022

ADRIANA AIELLO AMBRUGNA  
470 ANSIN BLVD 470A  
HALLANDALE, FL 33009

SUBJECT: CALABRIA #2601 LLC  
Ref. Number: L22000061073

We have received your document for CALABRIA #2601 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 922A00016315

*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: 470 ANSIN BLVD 470A, HALLANDALE, FL 33009 470 ANSIN BLVD 470A, HALLANDALE, FL 33009

L22000061073

FILING FEE: \$35.00

FILED  
2022 AUG 24 PM 4:28  
DECATUR COUNTY CLERK  
TALLAHASSEE, FL