

L22000220854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Ra Chang

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WA HOUSE SOLUTIONS 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:

UTH E MARTE

Name of Person

CAPITAL TAX & FILING SOLUTIONS LLC

Firm/Company

75 N STATE RD 434 STE 2208

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

CAPITALTAX1610@GMAIL.COM

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

For further information concerning this matter, please call:

UTH E MARTE

at (863)

599-9894

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

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TALLAHASSEE, FL

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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.

15050 EMBER SPRINGS CIR

375 N STATE RD 434 STE 2208

ORLANDO, FL 32821

ALTAMONTE SPRINGS, FL 32714

L22000220854

4.

Document number

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12540 SPLENDID PLACE APR 6104

ORLANDO, FL 32821

_____, FL

RUTH E. MARTE

375 N STATE RD 434 STE 2208

ALTAMONTE SPRINGS, FL 32714

_____, FL

Signature of a member or authorized representative of a member

RUTH E MARTE

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 merely to 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

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