

L22 000 271 106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

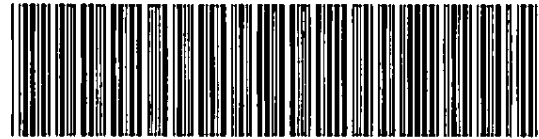
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA 22034

2022 08 22
JWH/HEB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5167 SW 140 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:

DESMOND LEIGH

Name of Person

5167 SW 140 LLC

Firm/Company

11685 SW 138 Avenue

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

gisella0286@yahoo.com

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

For further information concerning this matter, please call:

GISELLE LEIGH

Name of Person

at (954) 683-4466

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

**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: 5167 SW 140 LLC
2. (a) 5167 SW 140 LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
11685 SW 138 Avenue
MIAMI, FLORIDA 33186
- (b) 5167 SW 140 LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
11685 SW 138 Avenue
MIAMI, FLORIDA 33186
3. 06/14/2022 Date of filing/registration in Florida
4. L22000271106 Document number
5. (a) JOHN EGUSQUIZA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
5167 SW 140 TERRACE
MIRAMAR, FL 33027
- (b) DESMOND LEIGH
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

5167 SW 140 LLC
NEW Registered Office Address:
11685 SW 138 Avenue

MIAMI, FL 33186

FILED
2022 SEP 12 PM 3:45
ALL COUNTY, FLORIDA

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.

DES
Signature of a member or authorized representative of a member

Desmond Leigh
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.

DES
Signature of Registered Agent