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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

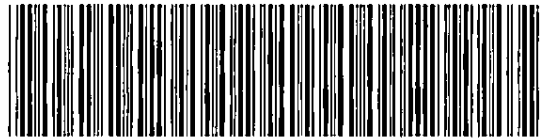
(Business Entity Name)

(Document Number)

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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sango ILE, 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:

Latoria Barnes
Name of Person

Sango ILE, LLC
Firm/Company

832 North Dixie Highway
Address

Lakeworth FL 33440
City/State and Zip Code

nicole.barnes@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Latoria Barnes at (929) 421-9204
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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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2023

SANGO ILE, LLC
832 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

SUBJECT: SANGO ILE, LLC
Ref. Number: L22000291513

Our records indicate the registered agent for the above named limited liability company resigned on September 5, 2023 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Diane Cushing
Operations Manager A
Division of Corporations

Letter Number: 123A00025411

**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; Scargo ILE LLC

2. (a) 832 N. Dixie Highway (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Lake Worth FL 33460

3. 11/14/2023
Date of filing/registration in Florida

4. L22000291513
Document number

5. (a) Latoria Barnes
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

832 North Dixie Highway
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lake Worth, FL 33460

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

832 North Dixie Highway
NEW Registered Office Address:

Lake Worth, FL 33460

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.

Signature of a member or authorized representative of a member

Latoria Barnes
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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00