

L22 000 480 056

11/1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

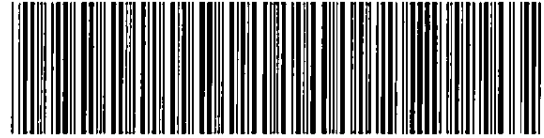
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700440469627

12/04/24--01038--010 **1130.00

FILED

2024 DEC -4 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVERY PORT CHARLOTTE, 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:

Tyrell Francis

Name of Person

Meyers Group

Firm/Company

2999 NE 191st Street, Suite 510

Address

Aventura, FL 33180

City/State and Zip Code

tyrell.francis@meyersgroup.net

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

For further information concerning this matter, please call:

Tyrell Francis

786

493-5017

at (_____) _____

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

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.

2. (a) _____ Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**)

(b) _____ Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)

2999 NE 191st Street, Suite 510

Aventura, FL 33180

L22000480056

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Aventura FL 33180

NEW Registered Office Address:

_____ , FL

Astolfo Losada

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)