

L230000 31464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

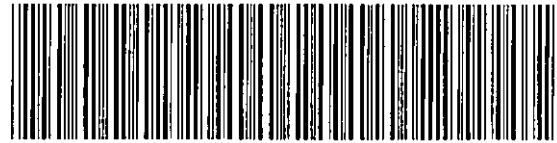
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SECRETARY OF STATE
TALLAHASSEE, FL

SEP 06 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glades Communications 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:

Ashley M Romano

Name of Person

Glades Communications LLC

Firm/Company

401 NW 43rd St

Address

Deerfield Beach

City/State and Zip Code

Florida, 33064

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

For further information concerning this matter, please call:

Ashley Romano

954

812-1367

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

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2023

ASHLEY ROMANO
GLADES COMMUNICATIONS LLC
401 NW 43RD ST
DEERFIELD BEACH, FL 33064

SUBJECT: GLADES COMMUNICATIONS LLC
Ref. Number: L23000031464

We have received your document for GLADES COMMUNICATIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 323A00018874

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: Glades Communications LLC

2. (a) 401 NW 43rd St, Deerfield Beach FL 33064 (b) 401 NW 43rd St, Deerfield Beach FL 33064
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 01/17/2023 4. L23000031464
Date of filing/registration in Florida Document number

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

3458 Lakeshore Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32312

(b) Ashley M Romano

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

401 NW 43rd St

Deerfield Beach, FL 33064

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TALLAHASSEE, FL

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.

Bob Lambert

Signature of a member or authorized representative of a member

Bob Lambert - Manager

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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00