

L23000122559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALLAHUSSEIN, FLORIDA

2024 AUG 12 AM 9:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrity In Dance, 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:

Laura Gaskill

Name of Person

Gaskill Law Firm PA

Firm/Company

1800 Second Street, Suite 765

Address

Sarasota, Florida 34236

City/State and Zip Code

laura@gaskillpa.com

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

For further information concerning this matter, please call:

Laura Gaskill

at (941) 867-0701

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2024

LAURA GASKILL
GASKILL LAW FIRM PA
1800 SECOND STREET, SUITE 765
SARASOTA, FL 34236

AUG 14 2024

SUBJECT: INTEGRITY IN DANCE, LLC
Ref. Number: L23000122559

We have received your document for INTEGRITY IN DANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 424A00016761

**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: Integrity in Dance, LLC

2. (a) _____ (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**)

4414 Bee Ridge Road

4414 Bee Ridge Road

Sarasota, FL 34231

Sarasota, FL 34231

03/15/2023

L23000122559

3. Date of filing/registration in Florida

4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4414 Bee Ridge Road

Sarasota, FL 34233

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

Gaskill Law Firm, PA,

NEW Registered Office Address:

1800 Second Street, Suite 765

Sarasota, FL 34236

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.

Tiana Ramirez
Signature of a member or authorized representative of a member

Tiana Ramirez

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