

L23000190010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

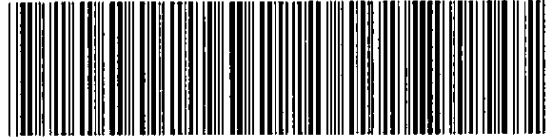
Special Instructions to Filing Officer:

J DENNIS

SEP 10 2023

R. 08.04.23

Office Use Only



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08.04.23

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2023 AUG -4 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1212 CASABERNA 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:

LAWRENCE HERING
Name of Person

1212 CASABERNA LLC
Firm/Company

14321 N. ROYAL COVE CR.
Address

DAVE FL 33325
City/State and Zip Code

LHERING216@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE HERING at (954) 258-4926
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

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: 1212 CASABERNA LLC
2. (a) 14321 N. ROYAL COVE CIR (b) 14321 N. ROYAL COVE CIR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
DAVE FL 33325 DAVE FL 33325
3. 4/17/2023 4. L23000190010
Date of filing/registration in Florida Document number
5. (a) JUAN YAMMINE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1250 S MIAMI AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
APT 1212
MIAMI, FL 33149
- (b) LAURENCE HERING
Enter name of NEW Registered Agent and/or NEW Registered Office address:
14321 N. ROYAL COVE CIR
DAVE, FL 33325
DAVE, FL

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TALLAHASSEE, 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.

by Juan Yammine
Signature of a member or authorized representative of a member

JUAN YAMMINE
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