

# L23000249127

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

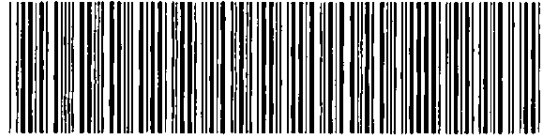
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
JUN 23 2023  
CLERK OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reveal By ROBIN 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:

ROBIN GALLO  
Name of Person

Firm/Company

5043 88 Street E  
Address

BRADENTON, FL 34211  
City/State and Zip Code

ROBGAL9@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN GALLO at ( 561 ) 676-3926  
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

June 29, 2023

ROBIN GALLO  
5043 88TH STREET E  
BRADENTON, FL 34211

SUBJECT: REVEAL BY ROBIN LLC  
Ref. Number: L23000249127

RECEIVED  
2023 JUL 13 PM 12:51  
DIVISION OF  
CORPORATIONS  
COMMERCIAL  
SERVICES

We have received your document for REVEAL BY ROBIN 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):

I am enclosing the Statement of Change of Registered Agent/Office form.

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 423A00014717

*See  
attached*

**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: Reveal By ROBIN, LLC

2. (a) 5043 88 Street E

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Bradenton, FL 34211

(b) 5043 88 Street E

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Bradenton, FL 34211

3. MAY 22, 2023  
Date of filing/registration in Florida

4. L23000249127  
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE, JACKSONVILLE, FL 32202

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) ROBIN GALLO

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

5043 88 St. E

NEW Registered Office Address:

Bradenton, FL 34211

\_\_\_\_\_, FL \_\_\_\_\_

FILED  
MAY 23 13 PM 2:35  
CLERK OF STATE  
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.

N/A  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signer

*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.*

Robin Gallo  
Signature of Registered Agent