

# L23000426805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
CLERK OF COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Yi Tar Hlaing 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:

Yi Tar Hlaing  
Name of Person

Yi Tar Hlaing LLC  
Firm/Company

6168, Fabian Rd  
Address

North Port, FL 34287  
City/State and Zip Code

yitarhlaing5555@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yi T Hlaing at ( 501 ) 293-6092  
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

September 4, 2024

YI TAR HLAING  
6163 FABIAN ROAD  
NORTH PORT, FL 34287

SUBJECT: YITAR HLAING L.L.C.  
Ref. Number: L23000426805

We have received your document for YITAR HLAING L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Neysa Culligan  
Regulatory Specialist III

Letter Number: 924A00019829

**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: Yi Tao Hwang LLC

2. (a) 6163, Fabian Rd Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 6163, Fabian Rd Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

North Port, FL 34287

North Port, FL 34287

3. September 13, 2023 Date of filing/registration in Florida

4. L23000426805 Document number

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

336 E. COLLEGE AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301  
TALLAHASSEE, FL 32301

(b) Yi Tao Hwang  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6163, Fabian Rd  
NEW Registered Office Address:

North Port, FL 34287

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.

Yi Tao Hwang  
Signature of a member or authorized representative of a member

Yi Tao Hwang  
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.*

Yi Tao Hwang  
Signature of Registered Agent

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

**FILED**  
2024 SEP 20 AM 8:46  
TALLAHASSEE, FLORIDA