

23000513548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

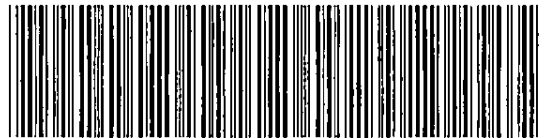
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

RO RA  
1/13/25

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2024

ROBERT SANTARSIERO  
10250 S LAKE VISTA CIR  
DAVIE, FL 33328 US

SUBJECT: BACHMAN PATH, LLC  
Ref. Number: L23000513548

We have received your document for BACHMAN PATH, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

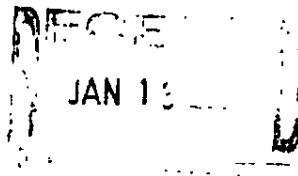
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 524A00026903

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bachman Path, 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:

Robert Santarsiero

Name of Person

Bachman Path, LLC

Firm/Company

10250 S. Lake Vista Cir

Address

Davie, FL 33328

City/State and Zip Code

Bachmanrental@gmail.com

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

For further information concerning this matter, please call:

Robert Santarsiero

Name of Person

at ( 954 ) 612-4557

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

INHS18 (2/14)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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: Bachman Path, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

10250 S. Lake Vista Cir.

10250 S. Lake Vista Cir.

Davie, FL 33328

Davie, FL 33328

11/13/23

L23000513548

3. Date of filing/registration in Florida

4. Document number

5. (a) Northwest Registered Agent, LLC

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

7901 4th St. N STE 300

St. Petersburg, FL 33702

(b) Robert Santarsiero

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

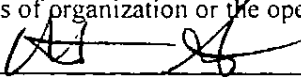
**NEW** Registered Office Address:

10250 S. Lake Vista Cir.

Davie, FL 33328

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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.

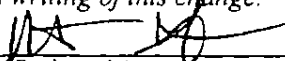


Signature of a member or authorized representative of a member

Robert Santarsiero

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 of Registered Agent