

L 240000012952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

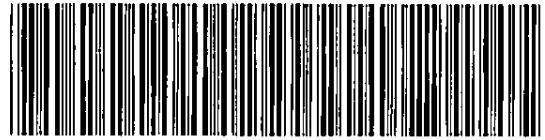
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRT Orlando MSO, 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:

Paula Barnett

Name of Person

Pino Law Group PLLC

Firm/Company

P.O. Box 1750

Address

Winter Park, FL 32790

City/State and Zip Code

paula@pinolawgroup.com

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

For further information concerning this matter, please call:

Paula Barnett

407

425-7831

at (_____) _____

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

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.

2. (a) 99 S. New York Ave., Winter Park, FL 32789
Principal office address of limited liability company:
(Note: ***MUST BE STREET ADDRESS***)

(b) 99 S. New York Ave., Winter Park, FL 32789
Mailing address of limited liability company:
(Note: ***MAY BE POST OFFICE BOX***)

5. (a) Jonathan Schwartz
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

Laurence J. Pino, P.A.

NEW Registered Office Address:

_____, FL

Laurence J. Pino, Esq., Authorized Representative
Printed or typed name of signee

Signature of Registered Agent