

L24000261022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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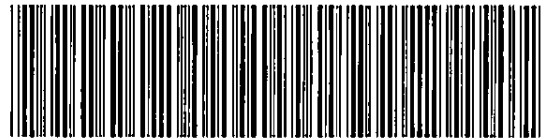
(Business Entity Name)

(Document Number)

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2024 JUN 28 AM 8:09
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxe Living Estates
Name of Limited Liability Company

DOCUMENT NUMBER: L24000261022

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Roberts

Name of Person

Luxe Living Estates

Name of Firm/Company

7901 4th St N STE 300

Address

St. Petersburg 33702

City/State and Zip Code

LuxelivingestLLC@gmail.com

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

For further information concerning this matter, please call:

Gabriel Cabrera

Name of Person

at (352) 362-2353

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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: Luxe Living Estates
2. (a) 7901 4th St N, STE 300, St. Petersburg, FL, 33702 (b) 7901 4th St N, Ste 300, St. Petersburg, FL, 33702
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 06/07/2024 Date of filing/registration in Florida 4. L24000261022 Document number

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

5649 Northwest 122nd Terrace Coral Springs, FL, 3302
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5649 Northwest 122nd Terrace Coral Springs, FL, 3302

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

7901 4th St N
NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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]
Signature of a member or authorized representative of a member

Gabriel Cabrera

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.

David Roberts

Signature of Registered Agent

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