

L 25000 0416 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

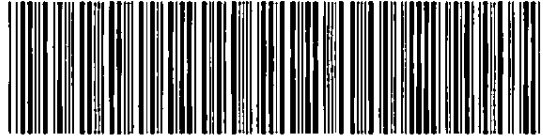
(Document Number)

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FILED
2025 APR 24 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2025

LIYIAM GARICA PAZ
13430 SW 52ND ST
MIAMI, FL 33175

SUBJECT: ITALGESIC LLC
Ref. Number: L25000041633

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

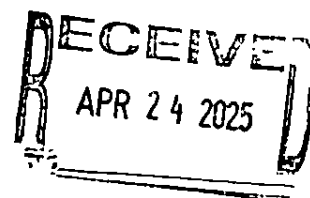
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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

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

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 125A00007342



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Italgesic 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:

Liyiam Garcia Paz
Name of Person

Italgesic LLC
Firm/Company

13430 SW 52nd ST
Address

Miami, FL 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

Liyiam Garcia Paz at (786) 344-9108
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

FILED
2025 APR 24 PM 6:40
SECRETARY OF STATE
TALLAHASSEE, FL

**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: Italgesc LLC
2. (a) 8205 SW 152nd Ave APT: F104 (b) 8205 SW 152nd Ave APT: F104
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Miami, FL, 33193 Miami, FL 33193

3. 4/20/25 Date of filing/registration in Florida 4. L250 000 41633 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

226 E. College Ave. Suite 301
Tallahassee, FL 32301

- (b) Liyam Garcia Paz
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8205 SW 152nd Ave APT: F104
Miami FL 33193

_____, 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

Liyam Garcia Paz AMBR
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.

Signature of Registered Agent

2/17/25

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