

MA000006621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

SEP 24 2009

EXAMINER

Office Use Only



900159913019

09/08/09--01018--003 **25.00

FILED
09 SEP 23 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSLATIN 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:

JAVIER F VILLALOBOS

Name of Person

TRANSLATIN LLC

Firm/Company

423 NW SHOREVIEW DR

Address

PORT ST LUCIE, FL 34986

City/State and Zip Code

JFVILLALOBOSPE@YAHOO.COM

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

For further information concerning this matter, please call:

JAVIER F VILLALOBOS

Name of Person

at (703)

434-9117

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2009

JAVIER F. VILLALOBOS
423 NW SHOREVIEW DRIVE
PORT ST LUCIE, FL 34986

SUBJECT: TRANSLATIN LLC
Ref. Number: M06000006621

We have received your document for TRANSLATIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 109A00030230

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY.

Pursuant to the provisions of sections 608.416 or 608.508, 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: TRANSLATIN LLC

2. (a) Principal office address of limited liability company: 122 NW PLEASANT GROVE WAY

☒ (Note: **MUST BE STREET ADDRESS**) PORT ST LUCIE, FL 34986

(b) Mailing address of limited liability company: 122 NW PLEASANT GROVE WAY

☒ (Note: **MAY BE POST OFFICE BOX**) PORT ST LUCIE, FL 34986

11/29/2006

3. Date of filing/registration in Florida

M06000006621

4. Document number

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

Registered Agent: JAVIER F VILLALOBOS

Registered Office Address: 122 NW PLEASANT GROVE WAY

PORT ST LUCIE, FL 34986

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

NEW Registered Agent: JAVIER F VILLALOBOS

NEW Registered Office Address: 423 NW SHOREVIEW DR

(MUST BE FLORIDA STREET ADDRESS) PORT ST LUCIE, FL 34986

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

JAVIER F VILLALOBOS

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 608, 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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
NOV 23 AM 8:18
CLERK OF STATE
TALLAHASSEE FLORIDA