

M08 000 000 448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

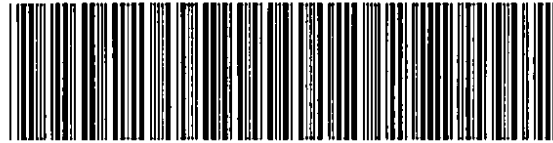
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/06/22--01015--014 **120.00

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2022 NOV 15 AM 8:53

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2022

MARK VIOLETTE
36008 EMERALD COAST PKWY, SUITE 601A
DESTIN, FL 32541

SUBJECT: LC CRESTVIEW, LLC
Ref. Number: M08000000448

We have received your document for LC CRESTVIEW, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 522A00022122

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LC Crestview, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Violette

Name of Person

Mark A. Violette, P.A.

Firm/Company

36008 Emerald Coast Pkwy, Suite 601A

Address

Destin, Florida 32541

City/State and Zip Code

mark@markviolettepa.com

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

For further information concerning this matter, please call:

Mark Violette

Name of Person

at (850) 4245562

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LC Crestview, LLC

Enter new principal office address, if applicable: 2432 Deer Creek Road

(Principal office address
MUST BE A STREET ADDRESS) Weston, Florida 33327

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 2432 Deer Creek Road
Weston, Florida 33327

2. The Florida document number of this limited liability company is: M08000000448

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 01/28/2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Losumo Holdings Inc.

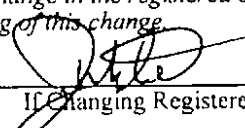
New Registered Office Address: 2432 Deer Creek Road

Enter Florida Street Address

Weston, Florida 33327
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

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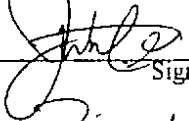
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>Joseph Davenport</u>	<u>1425 E. Nursery Road</u>	<input type="checkbox"/> Add
		<u>Santa Rosa Beach, Florida 32459</u>	<input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Karen L. Angelosante</u>	<u>1425 E. Nursery Road</u>	<input type="checkbox"/> Add
		<u>Santa Rosa Beach, Florida 32459</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Ricardo A. Lopez Garcia</u>	<u>2432 Deer Creek Road</u>	<input checked="" type="checkbox"/> Add
		<u>Weston, Florida 33327</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Jose Moya</u>	<u>2432 Deer Creek Road</u>	<input checked="" type="checkbox"/> Add
		<u>Weston, Florida 33327</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Efrain Subero</u>	<u>2432 Deer Creek Road</u>	<input checked="" type="checkbox"/> Add
<u>AMBR</u>	<u>Gabriel Subero</u>	<u>Weston, Florida 33327</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative


Typed or printed name of signee

Filing Fee: \$25.00