

MI700000 6498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 JUL 27 PM 4:51

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2018

GERARDO P. ABDALA
1967 NE 149 ST.
N MIAMI, FL 33181

SUBJECT: SPORTCOM LLC
Ref. Number: M17000006498

We have received your document for SPORTCOM 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Donna M. Scott
Regulatory Specialist II

Letter Number: 818A00009072

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sportcom 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:

Gerardo P ABDALA
Name of Person

Sportcom LLC
Firm/Company

1967 N.E. 149 ST
Address

North Miami, FL 33181
City/State and Zip Code

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

For further information concerning this matter, please call:

Leon Egozi, CPA at (305) 937-2664
Name of Person 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

**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: Sportcom LLC
2. (a) 1967 N.E. 149 ST - North Miami, FL 33181
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 1967 N.E. 149 ST-North Miami, FL 3318
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 07/31/17 Date of filing/registration in Florida
4. M17 000006498 Document number

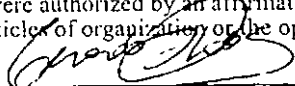
5. (a) Gerardo Abdala
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2030 NE 95 AVE - DORAL, FL 33172
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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

NEW Registered Office Address:
1967 N.E. 149 ST

NORTH MIAMI, FL 33181



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

GERARDO ABDALA

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.

 
Signature of Registered Agent

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

2018 JUL 27 PM 4:51