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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

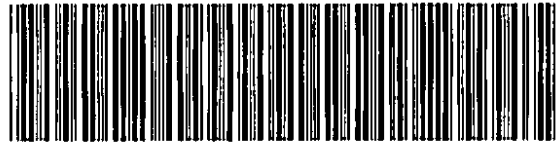
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEETOLEDOLLC 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:

Y. KRIS LEE

Name of Person

LEETOLEDOLLC LLC

Firm/Company

18851NE 29th Avenue, Suite 700

Address

Aventura, FL 33180

City/State and Zip Code

kris@leetoledolaw.com

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

For further information concerning this matter, please call:

Y. KRIS LEE

202

900-9007

at ()

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

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.

2. (a) 18851 NE 29TH Avenue, Ste 700, Aventura, FL 33180
Principal office address of limited liability company:
(Note: ***MUST BE STREET ADDRESS***)

(b) 18851 NE 29th Avenue, Ste 700, Aventura, FL 33180
Mailing address of limited liability company:
(Note: ***MAY BE POST OFFICE BOX***)

5. (a) DANIEL TOLEDO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
18851 NE 29TH AVE, STE 700, AVENTURA, FL 33180

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

_____, FL

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent

FILING FEE: \$25.00

INHS18 (2/14)