

M22000002946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

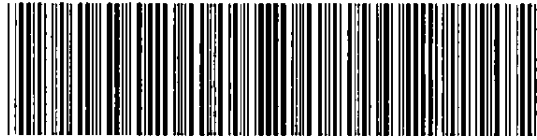
(Business Entity Name)

(Document Number)

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2024 SEP 24 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRIDGE LANSDOWNE 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:

Daniel Simon

Name of Person

Cambridge Lansdowne

Firm/Company

8101 SW 60TH AVENUE

Address

South Miami, FL 33143

City/State and Zip Code

daniel@cambridgelansdowne.com

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

For further information concerning this matter, please call:

Daniel Simon

646

673-1108

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

2021 SEP 24 PM 9:48
SECRETARY OF STATE
TALLAHASSEE FL

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.

INHS18 (2/14)

2024 SEP 24 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLA