

LD1000006916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

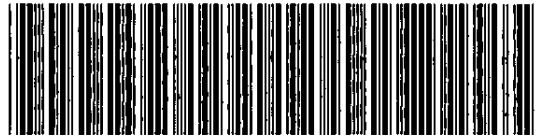
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -6 AM 11:15

T. HAMPTON

JAN - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BER of Miami 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:

Blanca Cabrera
(Name of Person)

(Firm/Company)

9230 SW 40 ST, suite D
(Address)

Miami FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos GAZITUA at (305) 552-9623
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JAN -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 30, 2008

CARLOS GAZITUA
9230 SW 40 ST
STE D
MIAMI, FL 33165

SUBJECT: B&R OF MIAMI, L.L.C.
Ref. Number: L01000006916

We have received your document for B&R OF MIAMI, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00061958

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: B ER of Miami L.L.C

2. (a) Principal office address of limited liability company: 9230 SW 40 ST, Ste D
MIAMI FL 33165
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 9230 SW 40 ST, Ste D
MIAMI FL 33165
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida _____ 4. Document number L01000006916

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Rosendo Larrea
Registered Office Address: 9231 SW 70 ST
MIAMI FL 33173

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Carlos GAZITUA
NEW Registered Office Address: 9230 SW 40 ST, Ste D
(MUST BE FLORIDA STREET ADDRESS) MIAMI FL 33165
_____ , FL _____

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]
(Signature of a member or authorized representative of a member)

Carlos GAZITUA
(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 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]
(Signature of Registered Agent)

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

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DIVISION OF CORPORATIONS
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