

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002691163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GUNSTER YOAKLEY & STEWART P.A.

Account Number : 076077002561

: (305)376-4181

Phone Fax Number

: (305)376-6010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

@ Imeca . com

LLC REGISTERED AGENT CHANGE IMECA II, L.L.C.

Certificate of Status Certified Copy 0 01 Page Count \$25.00 Estimated Charge

K. SALY NOV 15 2011

Electronic Filing Menu

Corporate Filing Menu

Help

·H110002691163

COVER LETTER

	egistration Section ivision of Corporations		•	·
				·
SUBJEC			CA II, L	
	Name o	f Limited	l Liabilit	y Company
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered	l Office (Change a	nd fee(s) are submitted for filing.
Please ret	um all correspondence concernir	ng this m	atter to ti	he following:
Tony Cocchiola Name of Person				
	Name of Person		-4	•
	Firm/Company			
	8400 N.W 58th Street			•
	1 2 d - 2 d			
*	341-w-7 Ft 50444			
	Miami, FJ. 33166 City/State and Zip Code			•
		11.00 To 10.00		
E-mail	address: (to be used for future annual repor	t notinostio	n)	
For furthe	r information concerning this ma	itter, ples	se call:	
		•		
	Tony Cocchlola	at (_	305	599-9959
	Name of Person		Ar	ea Code & Daytime Telephone Number
ST	STREET/COURIER ADDRESS: MAI			LING ADDRESS:
Registration Section				tration Section
Division of Corporations			DIVISI	on of Corporations
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahessee, Florida 32314	
	lahassee, Florida 32301		* Cristi	AMERICAN SECTIONS OF THE SECTION OF
En	clased is a check for the follow	ing amo	unt:	
	\$25 Filing Fee			Filing Fee & Certified Copy
	and a sec		ا ت	
NHS18 (5/08)			<u> </u>
•				***************************************

H11000269116 3

H11000269116 3.

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:	IMECA II, L.L.C.				
2. (a) Principal office address of limited liability company	/: 4250 NW 37th Avenue				
(Note: MUST BE STREET ADDRESS)	Miami, FL 33142				
(b) Mailing address of limited liability company:	8400 N.W. 58th Street				
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33166				
11/12/2004	L04000082468				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	GY Corporate Services, Inc.				
Registered Office Address:	2 South Biscayne Blvd. Suite 3400 Miami, FL 33131				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8400 N.W. 58th Street 2				
• • •	Mlami #FI 33166				
If the limited liability company is not organized under the leantimed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office				
For & Cobelials	•				
Printed or typed name of signee					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, P. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my auties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				
Signature of Registered Agent					
Division of Corporations, P.O. Box 632					

INH(\$18 (05/08)

H110002691163