## L05000000841

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J. BRYAN

MAY 13 2011

**EXAMINER** 

## COVER LETTER

Division of Corpora					
SUBJECT:	LU(	CAMAR, LLC			
		ed Liability Com			_
Dear Sir or Madam:		·	•		
Γhe enclosed Registered A	gent/Registered Office	Change and fee(	(s) are submitted fo	r filing.	
Please return all correspond	lence concerning this i	natter to the follo	owing:	,	
· · · · · · · · · · · · · · · · · · ·	. ALMANZAR				
Name	of Person				
	OUNTING SERVICE	ES			
	TH LANE #104	**.		SECRET FALLAHA	II MAY 12
	, FL 33126 and Zip Code	( :	, to the		72 PH 3:
accounting@ad E-mail address: (to be used for	aag-consulting.com future annual report notificat	ion)		22 m	25 56
for further information con	cerning this matter, ple	ease call:			
RAFAEL ALMA	NZAR at (		285-7373 Ext. 3		_
Name of Person		Area Code	& Daytime Telephone Nu	ımber	
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, Florida 3:	ons r Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations		
Enclosed is a check	for the following am	ount:			
\$25 Filing Fee		\$55 Filing	Fee & Certified Co	ру	

## 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:	LUCAMAR, LLC			
2. (a) Principal office address of limited liability company:	1385 Coral Way PH 403			
(Note: MUST BE STREET ADDRESS)	Miami, FL 33145			
(b) Mailing address of limited liability company:	1385 Coral Way PH 403			
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33145			
01/03/2005	L0500000841			
3. Date of filing/registration in Florida 4	. Document number			
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept of State:			
Registered Agent:	Ricardo Londono			
Registered Office Address:	1385 Coral Way PH 403 AR N			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: Post いた と			
(MUST BE FLORIDA STREET ADDRESS)	8580 NW 6TH LANE #104 MIAMI ,FL 33126			
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 charges 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  Ricardo Londono				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or if this document is being filed to mere address, thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			
Signatur of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				

INHS18 (05/08)