L06000072573

Agrico.

(Red	questor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
	•	
	I	
(Add	dress)	
ì		
	//State/Zip/Phon	e #)
· .		
PICK-UP	☐ WAIT	MAIL
•		
/D	da a a a a a a a a a a a a a a a a a a	
(Bus	siness Entity Nar	ne)
, (Doo	cument Number)	
Certified Copies	Certificates	s of Status
,	•	
Special Instructions to F	Filing Officer:	
•		
<u> </u>		





600139370856

12/31/08--01050--005 **25.00

2000 DEC 31 PH 2: 34

C. LEWIS

JAN 0 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ACEPOR GROUP 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	g this matter to the following:	
Veronica Burgos		
(Name of Person)		
ACEPOR GROUP LLC.		
(Firm/Company)		
13369 SW 42 ST., (Address)		
(Redicus)		
MIAMI, FL. 33175		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
VERONICA BURGOS	at (<u>786</u>) 348-4728	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, rionda 32314	
Enclosed is a check for the followi	ing amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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: ACEPOR GROUP LLC.			3
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: <u>3781 WEST 18 AVE.</u> <u>HIALEAH, FL 33012</u>	0 2
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		+
	ate of filing/registration in Florida	L06000072573	
!		4. Document number	
5. (a	a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
	Registered Agent:	ORLANDO ACEVEDO	
Registered Office Address:		3781 WEST 18 AVE. HIALEAH, FL 33012	
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:	
	NEW Registered Agent:	VERONICA DEL CARMEN BURGOS	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13369 SW 42 ST.		
	MIAMI,FL_33175		
that a office hereb liabil	elimited liability company is not organized under the after the change or changes are made, the Florida street of the registered agent will be identical. Or, in the py confirmed that the change(s) was/were authorized ity company or as otherwise provided in the articles of liability company.	eet address of the registered office and the business	
(Signa	ure of a member or authorized representative of a member)		
(Printe	ONICA DEL CARMEN BURGOS ed or typed name of signee)		
I her comp am fo F.S. confi	eby accept the appointment as registered agent and ly with the provisions of all statules relative to the pumiliar with and accept the obligations of my position, or, if this document is being-filed to metaly reflect a metaly reflect are that the limited liability company has been notificated.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.	
(Signa	ture of Registered Agent)		
	Division of Cornorations, P.O. Bo		1

FILING FEE: \$25.00

INHS18 (05/08)