

L070000113127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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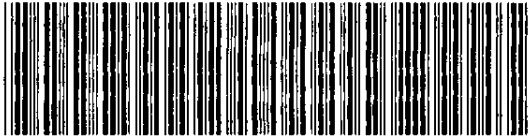
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

APR 5 2011

*W. Jones*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MANNY DO ALL, LLC.  
Name of Corporation

**DOCUMENT NUMBER:** L07000113127

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MANUEL L. DE LA MORENA  
Name of Contact Person

Manny do all, LLC  
Firm/Company

8360 SW 65 Ave. #04  
Address

Miami, FL. 33143  
City/State and Zip Code

manny@mannydoall.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Manuel de la Morena at ( 305 ) 582-3625  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Manny Do All, LLC.

2. (a) Principal office address of limited liability company: 8360 SW 65 Ave. # 04

**(Note: MUST BE STREET ADDRESS)** Miami, FL. 33143

(b) Mailing address of limited liability company: MANNY de la MORENA  
6619 South Dixie Highway #102

**(Note: MAY BE POST OFFICE BOX)** Miami, FL. 33143

Nov. 7, 2007  
3. Date of filing/registration in Florida

L07000113127  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Puga, Eunice PLLC

Registered Office Address: 10637 North Kendall Drive  
Miami, FL. 33176

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Thomas G. Sherman P.A

NEW Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 90 Almeria Ave.  
Coral Gables, FL. 33143

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.

Manuel de la Morena  
Signature of a member or authorized representative of a member

Manuel de la Morena, MGRM  
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**