(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
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COVER LETTER

Division of Corporations	
SUBJECT: 413 & 414 LLC (Name of Limited Liability Company)	
(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:	
Julian Ordonez	
(Name of Person)	
· ·	
413 & 414 LLC	
(Firm/Company)	
17910 M/ Divin Liver	
17810 W. Dixie Hwy (Address)	
Aventura, Fl 33160	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mobile Accounting/Ms. Baez at (954) 721-8641 oc	
(Name of Person) (Area Code & Daytime Telephone Number	
\cdot	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 	
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	

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.

Aventura, FLORIDA 33160		
	· · · · · · · · · · · · · · · · · · ·	 •
JUNE 19, 2007	LO7000064359	
3. Date of filing/registration in Flor	rida 4. Document numb	per
Florida Department of State:	and the registered office address as shown or	the records of the
EDGAR	R NARANJO	Sic Sic
4=0.40.14	Name	JUN 25
1/810 W	V. DIXIE HWY	₹
	Address	
AVENTO	JRA, FLORIDA 33160 City, State and Zip	3 19
	City, State and Zip	5 . 22
6. The name and address of the new	v registered agent and/or office:	AM IO: 37
JULIAN	ORDONEZ	
17810 W	Name /. DIXIE HWY	
Florida	street address (P.O. Box NOT acceptable)	· · · ,
AVENTU	JRA FL 33160	·
	City, State and Zip	
confirmed that after the change or cand the business office of the regist liability company, it is hereby confi	ot organized under the laws of the State of Flehanges are made, the Florida street address of ered agent will be identical. Or, in the case of irmed that the change(s) was/were authorized lity company or as otherwise provided in the	of the registered office of a Florida limited by an affirmative vote

or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member

EO GAL Charack (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 of Registered Agent)

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