

LD91000092016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OCT 29 2009

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09 OCT 26 10 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Eastern Aviation 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 this matter to the following:

Alberto Moris
Name of Person

Alberto Moris PA
Firm/Company

8700 W Flager Street Suite 170
Address

Miami FL 33174
City/State and Zip Code

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

For further information concerning this matter, please call:

Alberto Moris at (305) 559 1600
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2009

ALBERT N. MORIS ESQ.
8700 W. FLAGLER STREET, STE. 170
MIAMI, FL 33174

SUBJECT: SOUTH EASTERN AVIATION, LLC
Ref. Number: L09000092066

We have received your document for SOUTH EASTERN AVIATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 309A00032825

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: South Eastern Aviation LLC
2. (a) Principal office address of limited liability company: 5600 NW 36 St. Suite 613A
☐ (Note: **MUST BE STREET ADDRESS**) Miami, Fl. 33166
- (b) Mailing address of limited liability company: PO Box 661628
☐ (Note: **MAY BE POST OFFICE BOX**) Miami Springs, Fl. 33266
LO9000092066
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: Globalbiz Tax + Business Consulting, LLC
Registered Office Address: 10544 NW 26 Street E-204
Miami, Fl. 33172
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Alberto Moris PA
NEW Registered Office Address: 8700 W Flager St. Suite 170
(MUST BE FLORIDA STREET ADDRESS) Miami, FL 33174

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.

Signature of a member or authorized representative of a member

Adolfo Moreno
Printed or typed name of signer

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 FEE: \$25.00

FILED
OCT 26 2018 8:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE