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PICK-UP WAIT MAIL
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SECRETARY OF STATE
DIVISION OF CORPORATION

ON MAY 27 PM 2: 08

J. BRYAN

MAY 28 2008

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations, SUBJECT: LA VAQUITA P(0)	PERTIES, LLLP
(Name of Limited Partnership or L.	mited Liability Limited Partnership)
DOCUMENT NUMBER: A O LO	00001680
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	ered Office and/or Registered Agent and
Please return all correspondence concerning	
JUSE Garcia-PedrosA (Contact Person)	1, Suite # 370
FARM STORES COIPORA	10n 27 F
18001 Old Cutter Roac (Address)	hon 27 5
palmetto BAY, FL 3315 (City, State and Zip Code)	<u>-7</u>
For further information concerning this matter	er, please call:
JOSE GAICIA-PERTOSA (Name of Contact Person)	at (800) 726-3276, Ext. 2210 (Area Code and Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to	the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

INHS04 (01/06)

Tallahassee, FL 32301

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. LA VAQVITA PIOPERHPS, LLLP.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12 24 2001 3. A0100000 (680
Date of filing/degistration in Florida Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
<u>Corporate cleations Network</u> the
11380 PROSPERITY FAR, 5 RPAD #22
Palm Beach, FL 334 JS. City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
JOSE GARCIA- PODROSA
Florida street address (P.O. Box not acceptable)
$\boldsymbol{\alpha}$
Palmetto Bay FL 33157 City, State and Zip
5. Such change(s) is/are effective when filed by the Florida Department of State.
Such change (s) 15/arc effective with field by the Florida Department of State.
Signature of General Partner
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 an accept the obligations of my position as registered agent.
and I am jumitar with an greept the objections of my position as registered agent.
Signature of Registered Agent 5 22 08
Filing Fee: \$35.00
Certified Copy (optional): \$52.50