A11000000982

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAII	_			
(B	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	o Filing Officer:				
					
	Office Use Only				



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11/26/18--01030--005 **25.00 12/26/18--01023--015 **10.00

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December 3, 2018

MARIA CASTILLO 430 GRAND BAY DR, APT 503 KEY BISCAYNE, FL 33149

SUBJECT: GYPSYCUBANA INVESTMENTS, LLLP

Ref. Number: A11000000982

We have received your document for GYPSYCUBANA INVESTMENTS, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00024723

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Gy DS y Cub Name of Linfted Partnership	or Limited Liability Limited Partnership
DOCUMENT NUMBER:	
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	tered Office and/or Registered Agent and
Please return all correspondence concerning	this matter to:
Maria O. C	astillo
Contact Person Coypsycubaus, L Firm/Company 430 Grand Bay Address Key Biscayne City, State and Zip Code	-LCP
430 Grand BAY	W. #501
Key biscayne.	FL 33149
City, State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	
Eugenio P. Menson	at (305) 358-DS54 Area Code and Daytime Telephone Number
Name of Contact Person	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	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee FL 32314
ZOOT EXCENTIVE V.CHICT V IFCIC	Lanabassec. etc. 32/319

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	Gypsycubana Investments, LLLP						
Name	of Limited Partnership or Li	mited Liability L	imited Partners	ship			
2. 12/2	29/2011	3.	A1000	000982			
Date of filing/reg	Date of filing/registration in Horica		Florida document number				
4. The name of the regist Department of State:	ered agent and the registered	d office address a	is shown on the	records of the Florid			
	Eugenio	Mendoza					
_	Na	me					
	777 Brickell A	ve. Suite 120)1	·			
	<i>**</i>						
Mami, FL 33131				O.			
	City, Sta	te and Zip					
5. The name and Florida	street address of the new reg	gistered agent and	d/or office:	112:41			
	Eugenio	Mendoza					
	No	me					
	0 160 SW 4	19th Street					
	Florida street address (I	O. Box not acce	eptable)				
	Miami	FL	33155				
	City, Sta	te and Zip					
Signature of General Parti	offective when sied by the F ter			I further agree to			
comply with the provision	fof all standes — rive to the accept the obj. — . — v of m	he proper and co	mplete perform				
Filing Fee:	\$35.700						
Certified Copy (opti	onal): \$52.79						