## B0800000261

(Reque	estor's Name)	
(Addre	 :ss)	<del>.</del>
( / / / / / / / / / / / / / / / / / / /	,	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nai	me)
(Docur	ment Number)	· · · · · · · · · · · · · · · · · · ·
(Bocul	Werk Humber,	
Certified Copies	Certificate	s of Status
Special Instructions to Filia	ng Officer:	
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Office Use Only



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## COVER LETTER

10:	Division of Corporations						
SUBJ	ECT:	ELI S.	E. LTI	<b>)</b> .			
	Name of Limited Part	mership or Lim	ited Liabi	lity Lim	ited Partnership		
DOC	UMENT NUMBER:	E	308000	00002	261		
	nclosed Statement of Change of are submitted for filing.	Registered (	Office a	nd/or R	Registered Agent and		
Please	e return all correspondence conc	erning this n	natter to	:			
	VICTOR R. MERC	ADO					
	Contact Person						
	ELI S.E. LTD.	ı		_			
	Firm/Company			<u></u>			
	PMB 485 P.O.B <b>9</b> X	7891					
	Address			<del></del>			
	GUAYNABO, P.R. (	00970					
•	City, State and Zip Co						
	donvic5@gma	ail.com					
E	-mail address: (to be used for future a		tification)		•		
For fu	urther information concerning th	is matter, ple	ase call	:			
	VICTOR R. MERCADO	at (	787	)	579-1209		
	Name of Contact Person			and Day	rtime Telephone Number		
Enclo	sed is a \$35.00 check made pay	able to the F	lorida D	epartm	ent of State.		
STRE	EET ADDRESS:		MAI	LING .	ADDRESS:		
-	tration Section		Registration Section				
	ion of Corporations				Corporations		
	n Building		P. O. Box 6327				
	Executive Center Circle		Tallal	nassee,	FL 32314		
Lallal	1200e FI 32301						



May 26, 2011

VICTOR E. MERCADO PMB 485 PO BOX 7891 GUAYNABO, P.R. 00970 OC, XX

SUBJECT: ELI S.E. LTD. Ref. Number: B08000000261

We have received your document for ELI S.E. LTD. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only have \$30.00 received for this filing. We could need a copy of the back of the check you submitted with the tracking numbers for the correct amount. There is a balance due of 57.50 is you want a certified copy or an additional \$5.00 for the filing with no certificate.

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) 245-6067.

Letter Number: 911A00011823

Neysa Culligan Regulatory Specialist II

www.sunbiz.org



May 12, 2011

VICTOR E. MERCADO PMB 485 PO BOX 7891 GUAYNABO, P.R. 00970 OC, XX

SUBJECT: ELI S.E. LTD. Ref. Number: B08000000261

We have received your document for ELI S.E. LTD. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 911A00011823

## 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.

5 0	<u> </u>	•			
1.	ELIS	.E. LTD			
Nam	e of Limited Partnership or Li	mited Liability	Limited Partners	hip	
2. 04/28/20	11 (LAST ONE)	3.	B08000	000261	
Date of filing/r	egistration in Florida	-	Florida docun	nent number	
4. The name of the region Department of State:	istered agent and the registered	l office address	as shown on the	records of the	Florida
	CARMELO	DELGADO	)		
_	Na	me		and the land	
_	782 NW	134 AVE.		- ·	<u></u>
	Add	iress			
-	<del></del>	LA 33182	<del></del>		TI NUL IT
	City, Stat	te and Zip			<del></del> -
5. The name and Florid	la street address of the new reg	gistered agent a	nd/or office:		垄
_	LUZ SOCORI	RO NAZAR	10		مِه
_	Na	ıme			36
_	3814 N	E 5 ST.			
	Florida street address (I	P.O. Box not ac	ceptable)		
· _	OCALA		L 34470		
	City, Stat	te and Zip			
6. Such change(s) is/ar	e effective when filed by the F	lorida Departm	ent of State.		
All	en tod				
Signature of General Pa	artner	-			
comply with the provisi	cointment as registered agent a lons of all statutes relative to the an accept the obligations of m many layers	he proper and c	complete perform		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50