

L000000001734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

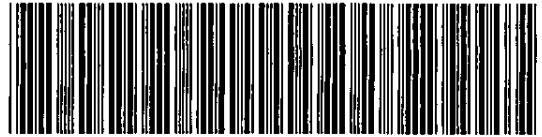
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300137655133

11/07/08--01027--009 **35.00

2008 NOV 21 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
NOV 24 2008
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2008

CARLOS ARELLANO
13304 INDIAN MOUND ROAD
WELLINGTON, FL 33414

SUBJECT: JUCADI, L.L.C.
Ref. Number: L00000001734

We have received your document for JUCADI, L.L.C. and your check(s) totaling \$35.00. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 308A0005708

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV 21 PM 12:13

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUCADI, L.L.C.
(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:

Carlos R. Arellano
(Name of Person)

JUCADI, LLC
(Firm/Company)

13304 Indian Mound Road
(Address)

Wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos R. Arellano at (561) 795-9777
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
2008 NOV 21 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: JUCADI, L.L.C.
- 2. (a) Principal office address of limited liability company: 13304 Indian Mound Rd.
Wellington, FL 33414
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 13304 Indian Mound Road
Wellington, FL 33414
(Note: MAY BE POST OFFICE BOX)

- 3. Date of filing/registration in Florida: 02-16-2000
- 4. Document number: L00000001734

- 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Mario G. De Mendoza, III, P.A.
Registered Office Address: 12765 Forest Hill Blvd
Suite 1302
Wellington, FL 33414
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Carlos R. Arellano
NEW Registered Office Address: 13304 Indian Mound Road
(MUST BE FLORIDA STREET ADDRESS) Wellington, FL 33414

FILED
NOV 21 PM 12:12
SECRETARY OF STATE
TALLHASSEE, FLORIDA

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]
(Signature of a member or authorized representative of a member)

Carlos R. Arellano
(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]
(Signature of Registered Agent)

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