

L000000002226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

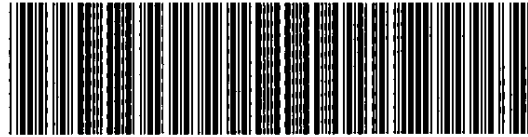
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 14 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVERSIONES CARIBE, 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 DUARTE

Name of Person

N/A

Firm/Company

4229 West 16THNAVE # 201

Address

HIALEAH, FL 33012

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS DUARTE at ( 786 ) 547-6783  
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

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TALLAHASSEE, FLORIDA

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**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: INVERSIONES CARIBE, L.L.C.

2. (a) Principal office address of limited liability company: 4229 West 16TH AVE # 201

☒ XX

**(Note: MUST BE STREET ADDRESS)**

HIALEAH, FL 33012

(b) Mailing address of limited liability company:

☒ X

**(Note: MAY BE POST OFFICE BOX)**

4229 West 16TH AVE # 201

HIALEAH, FL 33012

02-23-2000

LO0000002226

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:

GAVIRIA, JORGE

Registered Agent:

SUITE 101

Registered Office Address:

9769 S. DIXIE HWY.

MIAMI, FL 33156 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

CARLOS DUARTE

NEW Registered Office Address:

4229 West 16TH AVE # 201

**(MUST BE FLORIDA STREET ADDRESS)**

HIALEAH, FL 33012

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.

X [Signature]  
Signature of a member or authorized representative of a member

CARLOS DUARTE

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, hereby confirm that the limited liability company has been notified in writing of this change.*

X [Signature]  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

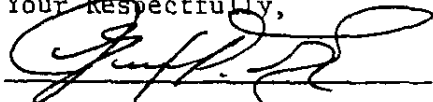
**FILING FEE: \$25.00**

POWER OF ATTORNEY

I, GILBERTO CASTANEDA, as Director of INVERSIONES CARIBE LLC, owner of the Buildin 4201 West 16TH Ave. HIALEAH, FLORIDA 33012, DO HEREBY give this POWER OF ATTORNEY Mr. CARLOS DUARTE \_ residing at 4229 West 16 AVE. Hialeah, Florida 33012, to represent and act on my behalf in all related to the application filed or to be filed before the ZONING DEPARTMENT, CITY OF HIALEAH, STATE OF FLORIDA in which my presence is necessary. He is authorized to sign, discuss and provide any requested informat to above mentioned department, or other goverment agency.

Thanking in advance for your assistance provide

Your Respectfully,

  
GILBERTO CASTANEDA

SWORN TO AND SUBSCRIBED BEFORE ME, This 6TH day of June 2006.-In the City of Hiale County of Msami-Dade and State of Florida.-

  
NOTARY PUBLIC



Wilfredo Moreira  
My Commission DD192848  
Expires May 13, 2007

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED