(054) 2 17 66 84 Daytime Phone #

DOCUMENT # L0000009263  1. Entity Name MI HACIENDA, LLC								
1411 1 5 1011					FJLI			
Principal Place of Business Mailing Address 1590 CANARY ISLAND DR. 1590 CANARY ISLAND DR. WESTON FL 33327 WESTON FL 33327					OI APR 16 PM 3: 11  SECRETARY OF STATE TALLAHASSEE; FLORIDA			
		3. Mailing Address	<u> </u>					
_ '	Place of Business  Carry Tolord Dr. #, etc.	1 Zaban	DO NOT WRITE IN THIS SPACE					
City & State  (Vestor FC Worton			于し	4. FEI Number Applied For Not Applied For			`	
Zip	Country	Zip 33337	Country	5 Corti	ficate of Status Desired	\$5.00 Add	Iditional	
	6Name and Address of Current F	7Nam	e and Address of New Registered	Agent		-		
GARCIA, LILIANA Z Street Address (P.					lumber is Not Acceptable)			
4087 COCOPLUM CIRCLE COCONUT CREEK FL 33063				) Comer	y Tolond Dr	<del> </del>		
			City	1 100-10	Fi	Zip Cod	le and	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE J. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
			W!!! FEE IS					
		Make Check Paya					ļ	
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANGE	S		
TITLE NAME	MGRM Garcia, Liliana z	☐ Delete	TITLE NAME	MORM CAPCIA	NDRY ISCAND I	🔀 Change	☐ Addition	44 700
STREET ADDRESS CITY-ST-ZIP	4087 COCOPLUM CIRCLE COCONUT CREEK FL 33063		STREET ADDRESS			)R		000
TITLE	MGRM	<b>⊠</b> Delete	TITLE	WESTON	1 FL 33327	☐ Change	Addition	000
NAME STREET ADDRESS	JIMENEZ, IRASEMA 2022 SEVILLE STREET		NAME STREET ADDRESS		1		, [	•
CITY-ST-ZIP	MARGATE FL 33063	·	CITY-ST-ZIP	· e.				
TITLE	MGRM JIMENEZ, MARCOS	<b>≥</b> Delete	TITLE NAME		500004037	Change	Addition	-5-
STREET ADDRESS	2022 SEVILLE STREET		STREET ADDRESS		-04/20/01	01135	-018	
CITY-ST-ZIP	MARGATE FL 33063 MGRM	Delete	CITY-ST-ZIP	MERM	*****50.00	***** Z Change	Addition	
NAME 🧯	GARCIA, MARCO A	Delete	NAME	CAPCIA.	MARCO A. UARY ISLAND			
STREET ADDRESS CITY-ST-ZIP	4087 COCOPLUM CIRCLE COCONUT CREEK FL 33063		STREET ADDRESS CITY-ST-ZIP		75 33337 V	~~		
TITLE .		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME		ζL	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		7-			
11. I hereby of indicated	ertify that the information supplied with t on this report is true and accurate and the	his filing does not qualify for the	CITY-ST-ZIP  ne exemption state same legal effe	ted in Section 119.0	97(3)(i), Florida Statutes. I further ce	rtify that the in	nformation er of the	
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 4-5-01 (GA) 17 66 84  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #								