

L0000000/1281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

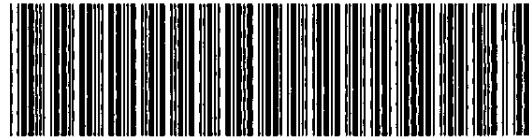
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 MAR 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2012

JORGE L. PIEDRA
PIEDRA & ASSOCIATES, P.A.
2950 SW 27TH AVENUE, SUITE 300
MIAMI, FL 33133

SUBJECT: CENTURY EVERGLADES LLC
Ref. Number: L00000011281

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TALLAHASSEE, FLORIDA

We have received your document for CENTURY EVERGLADES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 412A00007745

Handwritten:
OK
Prepared
New/Correct
Form



ATTORNEYS AT LAW

March 19, 2012

Attn: Joey Bryan
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FILED
2012 MAR 22 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Century Everglades, LLC
Document NO: L0000011281
Letter No: 412A00007745

Dear Mr. Bryan:

Enclosed herein is your letter, dated February 23, 2012, along with the original correct Statement of Change of Registered Agent and Cover Letter. Please be advised that we originally sent you \$35.00 in error. We are requesting that you reimburse us for the \$10.00 difference in the Filing fee. Please make that check payable to Piedra & Associates, P.A. and reference Century Everglades, over payment.

Should you have any questions, please feel free to contact me or my assistant, Gloria Alfonso.

Sincerely,


JORGE L. PIEDRA
For the Firm

JLP/ga

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Century Everglades, LLC
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:

Jorge L. Piedra

Name of Person

Piedra & Associates, PA

Firm/Company

2950 SW 27th Avenue, Suite 300

Address

Miami, Florida 33133

City/State and Zip Code

jpiedra@piedralaw.com

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

For further information concerning this matter, please call:

Alejandro Alvarez at 305 448-7064

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

already paid \$35.00 #20053

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TALLAHASSEE, FLORIDA

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: Century Everglades, LLC

2. (a) Principal office address of limited liability company: 6991 SW 8th Street

(Note: MUST BE STREET ADDRESS)

Miami, FL 33144

(b) Mailing address of limited liability company:

Same as above

(Note: MAY BE POST OFFICE BOX)

9-19-2000

3. Date of filing/registration in Florida

4. Document number

L00000011281

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jorge L. Piedra

Registered Office Address:

954 Merrick Way

Suite 214

Coral Gables, Florida 33134

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

NEW Registered Agent:

Piedra & Associates, P.A.

NEW Registered Office Address:

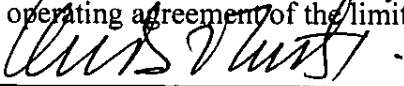
2950 SW 27th Avenue

(MUST BE FLORIDA STREET ADDRESS)

Suite 300

Miami, FL 33133

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 of a member or authorized representative of a member

Osvaldo Vento, Jr., Manager

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 of Registered Agent

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

FILING FEE: \$25.00