Division of Corporations



Division of Corporations Electronic Filing Cover Sheet

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## REGISTERED AGENT CHANGE HARAS LUISIANA USA, LLC

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Electronic Filing Menu

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MAY 18 2011

**EXAMINER** 

5/18/2011

## 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.

Name of the limited liability company:	HARAS LUISIANA USA, LLC	
2. (a) Principal office address of limited liability com	pany:	
(Note: MUST BE STREET ADDRESS)	1910 N.W. 97th Avenue Miami, Florida 33172	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	1910 N.W. 97th Avenue Miami, Florida 33172	
08/27/2001	L01000014497	
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:	
Registered Agent:	MENDIVE & ASSOCIATES, P.A.	
Registered Office Address:	250 Catalonia Ave.	
	Suite 705 Coral Gables, FL 33134	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address  PBYA Corporate Services, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 South Andrews Avenue Suite 600 Fort Lauderdale ,FL33301	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or or the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited re(s) was/were authorized by an affirmative vote	
Signature of a member or authorized representative of a member		
Ricardo Bajandas, Esq.	O Parameter planeters	
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, 55. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of mischales.	
Signature of Registered Agent		
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00