101000019377

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SECRETARY OF STATE DIVISION OF CORPORATIONS

06 AUG 23 AM II: 35

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& BRYAN AUG 2.3 2006

COVER LETTER

,	VENLETTER
TO: Registration Section Division of Corporations	
SUBJECT: Cayer Der (Name of Lin	elopment Group LLC. nited Lability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Eduardo duls (Name of Person) Cayus Developm (Firm/Company) 3857 W 16 Developm (Address) Healest, FL 33 (City/State and Zip Code)	ent group, LL C 05 AUG 23 AMI
For further information concerning this matter,	please call:
Pulert Renger (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2006

EDWARDO GUERNICA CAYON DEVELOPMENT GROUP 3857 WEST 16 AVENUE HIALEAH, FL 33015

SUBJECT: CAYON DEVELOPMENT GROUP, LLC

Ref. Number: L01000019377

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
OF AUG 23 AM II: 35

We have received your document for CAYON DEVELOPMENT GROUP, LLC and your check(s) totaling \$25.00. 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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 006A00049599

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.

agent, or both, in the state of 1 tortaa.	
1. The name of the limited liability company is:	
2. The mailing address of the limited liability company is:	3857W16 Oul.
	Healest, F1. 330/2
11/08/2001	1010000/9377
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Pedro H. M. Name 1221 Brukell Address City, State and Z.	address as shown on the records of the article article 33/3/ 35/5/ 37/5/
6. The name and address of the new registered agent and/or of	office:
Florida street address (P.O. Box Miname 7 Z O O N W 19 S7 Florida street address (P.O. Box Minami FL City, State and Zip	NOT acceptable)
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	rida street address of the registered office
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, Livereby confirm but the limited liability company to (Signature of Registered Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, tion as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

INHS18 (8/05)