## 101000019437

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Enuty Name)		
(Document Number)		
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Special Instructions to Filing Officer:		

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M. THOMAS

SEP -1 2009

EXAMINER



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M. THOMAS

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
David Halaby Name of Person	TALLAHASSE TALLAHASSE	
Muneva Capital LLC  Firm/Company  Firm/Company		
1415 Surset Harbana Dr	70, K	
Mi Wi Beach PC 3 City/State and Zip Code	3139	
City/State and Zip Code  DHala Dy - Hotm  E-mail address: (to be used for future annual report notification)	ail. com	
For further information concerning this matter, plea		
Name of Person at (	705 ) 213 7625 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	

## \* \* \* \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR DETH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
Name of the limited liability company:	Naneva Capital LLC	
2. (a) Principal office address of limited liability compan	y:	
(Note: MUST BE STREET ADDRESS)	1918 Sunget Havbu IIV #110	
(b) Mailing address of limited liability company:	Momi Bench FL 33139	
	MY Some Howler Dr #110	
(Note: MAY BE POST OFFICE BOX)	Miami Beach FC 33130	
11-9-01	LO1000019437	
3. Date of filing/registration in Florida	4. Document number $\frac{1}{2}$	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Depart States	
Registered Agent:	Angelica Habasi	
Registered Office Address:	1415 Suret Haybe Way 110	
	Microni Beach 12 3 2039	
(h) Eutonomo of NEW Docistoned Arout and/on NE	W Paristand Office address	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	1, 10, 0, 4, 10	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1415 Suncet Harbour Dr # 110	
	Mami Black ,FL 33139	
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		
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		

DH