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## COVER LETTER

TO: Registration Section Division of Corporations

PCR SOBE ENTERPRISES LLC. (Name of Limited Liability Company) SUBJECT:

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:

PANO ESPINOLA				
(Name of Person)				
	<del>,</del>			
(Furni Company) 1900 SUNSET HARBOUR DRIVE, AR (Address) MIAMI BEACH, FL 33139.	72111	SECRETAF TALLAHAS	2005 NOV 1 6	
(City/State and Zip Code) For further information concerning this matter, plea	use call:	RETARY OF STATE MASSEE, FLORIDA	6 AM 10: 08	m O
(Name of Person)	<u>305</u> ) <u>415-1311</u> (Area Code & Daytime Tele	phone Ni	umber)	-
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

S55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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. The name of the limited liability company is: PCR SOBE ENTERIRISES LLC

2. The mailing address of the limited liability company is : 1900 SUNSET HARBOUR DRIVE

AT 2111, MIAMI BEACH FL 33139

DECEMBER 27,2001

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

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200 201	-201			ALL	9111
Mirni	26QC	Address N, FL 3		,	

6. The name and address of the new registered agent and/or office

The name and address of the new registered agent and/or office:	
FERNANDO GIFONE ESPINDULA (OLFASUL	Comer 2000 2005 1000
201 SOUTH BISCAYNE BLVD, 28TH FLOOR	VI6 AN
Florida street address (P.O. Box NOT acceptable)	EFFS AL
MIANI FL 33131	
City, State and Zip	

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)

YAULO E. ESPINDULA

(Printed or typed name of signce)

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, Thereby confirm that the limited liability company has been notified in writing of this change. ignature of Registered Ageni)

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