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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 23, 2003

FEDERICO GARCIA GARCIA & GARCIA CPA PA 8221 CORAL WAY MIAMI, FL 33155

SUBJECT: LAUSANA, L.L.C. Ref. Number: L02000005353

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

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) 245-6097.

Letter Number: 303A00057792

Marsha Thomas Document Specialist

Division of Corporations - P.O. ROX 6327 - Tallahassee Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LJABILITY 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 limit	ed liability company is: LAUSANA,	L.L.C.	·
2. The mailing address of the limited liability company is:		2941 COLLINS AVENUE	
		MIAMI B	EACH, 33140
2 / 25 /22		10200000535	3
3. Date of filing/registration in Florida		4. Document number	
5. The name of the regist Florida Department of	tered agent and the registered office State: MARIO I. GUZMAN	address as show	n on the records of the
	Name 9010 SW 137TH AVE., SUTIE	306.	- TAS
	Address	206	- [[8
			HAD TO
	MIAMI. FL 33186 City, State and Z	ip	24 24 88E
6. The name and address	of the new registered agent and/or	office:	
.77	FEDERICO GARCIA, CPA		
	Name		
	8221 CORAL WAY		
	Florida street address (P.O. Box	NOT acceptable)
	міамі <u>FL</u> 3315	55 .	
	City, State and Zip)	_
confirmed that after the cand the business office of liability company, it is he the members of the limit	mpany is not organized under the latchange or changes are made, the Flof the registered agent will be identiced that the change(s) wed liability company or as otherwise of the limited liability company.	ws of the State of rida street addres al. Or, in the cas vas/were authorize provided in the	Florida, it is hereby is of the registered office se of a Florida limited sed by an affirmative vote of articles of organization or
(Signature of a member or author	rized representative of a member)		
CARLOS LEONAF	RDO CATTANEO		
(Printed or typed name of signee)		
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registered agent and agins of all statutes relative to the project accept the obligations of my posithis document is being filed to mere that the limited liability company were	ree to act in this of the complete to and complete to the complete to a change of the complete to the complete the complete to the complete the comp	capacity. I further agree to performance of my duties, it agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·		•

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

INHS18(10/99)

FILING FEE: \$25.00