102000013736

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Estimate Estat, Market)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
(0-0)					
LOZ-13736					

Office Use Only



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05/10/04--01058--023 **25.00

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SECRETARY OF SIATE

FLORIDA MASTER WREHOUSE, LLC ^{*} 7745 N.W. 56TH STREET MIAMI, FL 33166 PHONE: 305-552-1810

FAX: 305-718-8226

May 5, 2004

Florida Department of State ATT; JASON MERRICK Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Sirs:

As per your letter number: 004A00026749 please read following instructions. It seems that the change of register agent form that you received without a payment was sent to you by mistake. This form was all filled up and signed at the company meeting we held and then we decided to name someone else instead. We filled the new form and got it ready. Somehow the form you received was mixed up and was supposed to have been destroyed. Another words, someone mixed up the forms and sent the wrong one. This could have been a big deal had it not been that obviously the wrong form did not have the check made.

The right change of register agent form is the one I am sending you with the proper checken enclosed. Please disregard the first form I sent you.

I am sorry for any mix up that this could have caused you and I thank you in advance for your kind attention.

Sincerely

Lorenzo Cabrera

President

SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 22, 2004

ZOILA SANCHEZ-AGRAMONTE 220 ALHAMBRA CIRCLE, STE.350 CORAL GABLES, FL 33134

SUBJECT: FLORIDA MASTER WAREHOUSES, LLC

Ref. Number: L02000013736

We have received your document for FLORIDA MASTER WAREHOUSES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 004A00026749

04 MAY 10 PH 1: 22



220 Alhambra Circle Suite 350 Coral Gables, Florida 33134

Telephone: 305.444.6669 Facsimile: 305.446.7764 Carlos F. Concepción cconcepcion@cfclaw.com

March 22, 2004

Mr. Gualberto Jimenez Florida Master Warehouses 13771 S.W. 38 Street Miami, Fl. 33175

RE: Change of Registered Agent

Dear Mr. Jimenez:

Pursuant to my conversation with Mr. Concepcion, we need to change the registered agent's information with the Division of Corporation. For your convenience, we have completed a statement of change of registered office or registered agent which we are enclosing for your signature. Please do so where indicated and return this form to us so that it can be forwarded to the Division of Corporations.

If you have questions, please feel free to contact me.

Very truly yours,

Zoila Sanchez-Agramonte

Legal Assistant

ZSA/ Enclosures SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the fagent, or both, in the State of Fl	sections 608.416 or ollowing statement i orida.	608.508, F n order to c	lorida Statutes, hange its registe	the undersign ered office or	ied limited registered
1. The name of the limited liabi	lity company is: ${\cal F}$	lorida	Master	Warel	10050
2. The mailing address of the li	mited liability compa	ny is : <u>"א</u>	45 nu	56 5	3 /
Miami	tLorida	33	166		
Jone 5 3 3. Date of filing/registration in	رده ٥		L0200	00/37	'3 <u>C</u>
3. Date of filing/registration in	Florida	4.	Document numb	er	
5. The name of the registered ag	ent and the registere	d office add	ress as shown on	the records o	f the
	ose A Sa Doral Gald City. State	me m bra ress	Circle,	ste 350)
	City, Stat	e and Zip	FC 331	9 7	
6. The name and address of the					
	Maria &				
	Nan 745 Nu	56	street		
	ida street address (P.				
8	Mami _F	FL	33/66	,	
,	Cify, State	and Zip			
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby to the members of the limited liability operating agreement of the limited liability operations.	or changes are made, gistered agent will be infirmed that the cha	the Florida identical. (street address of Or, in the case of were authorized by	the registered a Florida light ov an affirmati	ted SE ive water of sation or
(Signature of a member or authorized repr	esentative of a member)	**************************************	* ***	,	7087 1.80,
Lorenzo Cabrere (Printed or typed name of signee)	e - Prosidei	.+	and specific is		RY OF STATE CORPORATIONS
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept that the chapter 608, F.S. Or, if this do address, I hereby confirm that the (Signature of Registered Agent)	t as registered agent I statules relative to pt the obligations of cument is being filed he limited liability co	and agree to the proper a my position to merely re mpany has	to act in this capa ind complete per as registered ag effect a change i been notified in v	acity. I further formance of n ent as provide the registere vriting of this	r agree to ny duties, nd for in nd office change.

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