

LO200000141574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

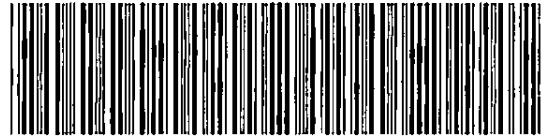
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08-26-25

01/11/25 01:11:00

FILED
2025 JUN 13 PM 2:41
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2025

HECTOR J SARDINAS

6790 NW 84TH AVE
MIAMI, FL 33166

SUBJECT: S & V INVESTMENTS OF MIAMI, L.L.C.
Ref. Number: L02000014574

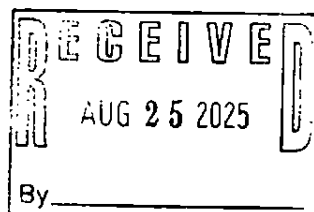
We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Incorporation / corporation, but your entity is a Limited Liability. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6050.

Schelby Harrell
Regulatory Specialist II
Amendment Section

Letter Number: 225A00017151



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & V INVESTMENTS OF MIAMI, L.L.C.

Name of Limited Liability Company

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:

HECTOR J SARDINAS

Name of Person

S & V INVESTMENTS OF MIAMI, L.L.C.

Firm/Company

6790 NW 84TH AVE

Address

MIAMI, FL 33166

City/State and Zip Code

HECTORJR@HECTORANDHECTOR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR J SARDINAS 305 629-8864

at (_____)

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

S & V INVESTMENTS OF MIAMI, L.L.C.

1. Name of the limited liability company: _____
6790 NW 84TH AVE MIAMI, FL 33166

6790 NW 84TH AVE MIAMI, FL 33166

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6/11/2002

1.02000014574

3. _____ 4. _____
Date of filing/registration in Florida Document number

MANASTER, JOSHUA D

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4770 BISCAYNE BLVD SUITE 1400

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

MIAMI 33137
_____, FL _____

HECTOR J SARDINAS

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9415 NW 52ND DORAL LANE

NEW Registered Office Address:

DORAL 33178
_____, FL _____

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.

HECTOR J SARDINAS

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 605, 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

FILED
2025 JUN 13 PM 2:41
STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S & V INVESTMENTS OF MIAMI, L.L.C.
Name of Corporation

DOCUMENT NUMBER: 1.02000014574

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR J SARDINAS

Name of Contact Person

S & V INVESTMENTS OF MIAMI, L.L.C.

Firm/Company

6790 NW 84TH AVE

Address

MIAMI, FL 33166

City/State and Zip Code

HECTORJR@HECTORANDHECTOR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR J SARDINAS

Name of Contact Person

at (305) 629-8864

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

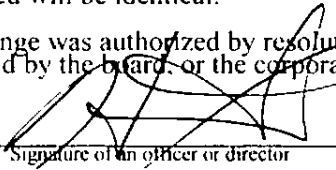
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: S & V INVESTMENTS OF MIAMI, LLC
2. The principal office address: 6790 NW 84TH AVE MIAMI, FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/11/2002 Document number: L02000014574
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
- MANASTER, JOSHUA D
- 4770 BISCAYNE BLVD SUITE 1400
- MIAMI, FL 33137
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- HECTOR J SARDINAS
- 9415 NW 52ND DORAL LANE
- DORAL, FL 33178 P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

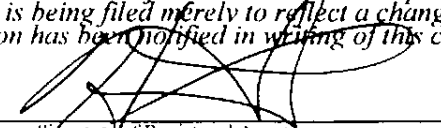


Signature of an officer or director

HECTOR J SARDINAS, MGR

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

6-9-2005

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)