## L02000021744

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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BYAN DEC 1 3 2007

J. BRYAN

JAN - 3 2008

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2007

HOWARD J. SPIEGEL 8000 SW 117 AVENUE, SUITE 204 MIAMI, FL 33183

SUBJECT: UCGM DEVELOPMENT GROUP LLC

Ref. Number: L02000021744

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

You completed the wrong form

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) 245-6043.

Letter Number: 507A00069841

Joey Bryan Regulatory Specialist II OT DEC 31 PH 4: 33

## **COVER LETTER**

Division of Corporations	
SUBJECT: UCGM Development G	Group LLC
(Name of Limite	ed 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 n	natter to the following:
Howard J. Spiegel	
(Name of Person)	
	07 V
(Firm/Company)	
· ·	DEC 31 PM 4: 33
8000 SW 117 Avenue, Suite 204	PA ORP
(Address)	QRAT
Miami, FL 33183	33 TE
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Howard J. Spiegel at (	305 ) 229-4050
(Name of Person)	(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 am	ount:
\$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 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: UCGM DEVELOPMENT GROUP LLC
2. The mailing address of the limited liability company is:
8000 SW 117 Avenue, Suite 204, Miami, FL 33183
August 23, 2002 L02000021744
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:
Guillermo Fernandez
Name
1400 NW 107 Avenue, Suite 200 Address
Address Pr. 22172
Miami, FL 33172
Address  Miami, FL 33172 City, State and Zip  6. The name and address of the new registered agent and/or office:  Howard J. Spiegel Name
Howard J. Spiegel
Name S
8000 SW 117 Avenue, Suite 204
Florida street address (P.O. Box NOT acceptable)
Miami FL 33183
Miami FL 33183  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)  Guillermo Fernandez  (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 auties, and I am familiar with and agree the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if the 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 Registers Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS/8 (8/05)