

LO2000032075

Carlos Gil

(Requestor's Name)

3910 West Flagler St.

(Address)

Miami, FL 33134

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

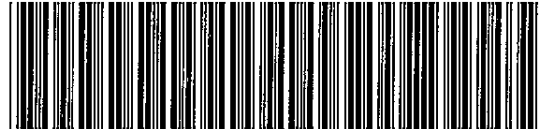
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 27 2005



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2005

CARLOS GIL
3910 WEST FLAGLER STREET
MIAMI, FL 33134

SUBJECT: MILDRA II, LLC
Ref. Number: L02000032075

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

The filing fee to file the amendment is \$25.00 and the Registered Agent must sign.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 805A00070324

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: MILDRA II, LLC
2. The mailing address of the limited liability company is : 1302 NE 125 STREET, MIAMI, FLORIDA
33161

11/27/2002

L02000032075

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:

MILTON CUBAS

Name

1302 NE 125 STREET

Address

MIAMI, FLORIDA 33161

City, State and Zip

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

ALEJANDRO CURE

Name

1408 BRICKELL BAY DRIVE, APT 610

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33131

City, State and Zip

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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)

MILTON CUBAS

(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 608, 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