

L02000032588

(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:

Office Use Only



600056687636

06/30/05--01049--002 **25.00

FILED
05 JUN 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02000032588

30

Andrew Cuevas
Roberto J. Ortiz

Law Offices
Cuevas & Ortiz, P.A.

Mailing Address:
P.O. Box 144010
Coral Gables, Florida 33114-4010

Office Address
536 Biltmore Way
Coral Gables, FL 33134

Telephone (305) 461-9500
Fax (305) 448-7300
E-Mail: acuevas@cuevaslaw.com
Web Site: www.cuevaslaw.com

Peter Velasco

June 27, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent document
Name of Company: **INVERLEG L.L.C.**
Filed on: **DECEMBER 5TH, 2002**
State: **FLORIDA**
Document Number: **L02000032588**

To Whom It May Concern:


The enclosed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Cuevas & Ortiz, P.A.
Attn: Andrew Cuevas, Esq.
536 Biltmore Way
Coral Gables, FL 33134

For further information concerning this matter, please call:
Andrew Cuevas, Esq., at (305) 461-9500.

Sincerely yours,

Cuevas & Ortiz, P.A.


Adriana Suarez
For the firm

FILED
05 JUN 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: INVERLEG LLC.
2. The mailing address of the limited liability company is : 1395 Coral Way
SUITE 2A MIAMI FL 33145
3. Date of filing/registration in Florida DECEMBER 5th 2002 4. Document number L02000032588
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GABRIEL PRATS
Name
2121 PONCE DE LEON BLVD. SUITE 240
Address
CORAL GABLES FL 33134
City, State and Zip

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

ANDREW CUEVAS, Esq.
Name
536 GITHMORE WAY
Florida street address (P.O. Box NOT acceptable)
CORAL GABLES, FL 33134
City, State and Zip

FILED
05 JUN 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
(Signature of a member or authorized representative of a member)

JOSE CAMILO LEGA
(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]
(Signature of Registered Agent)

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