## L0300006274

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: LARR GROUP, LLC	2
(Name of Limited L	iability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
RUBEN BERTRAN	· · · · · · · · · · · · · · · · · · ·
(Name of Person)	OT MAY
1 400 60000 116	NOF CONTRACTOR
LARR GROUP, LLC (Firm/Company)	T CORP
	AH 10: 30
11767 So. DIXIE HWY. #	: 136 39 of 5
(Addition)	
MIAMI, FL. 33156 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
RUBEN BERTRAN at (30)	05) <i>257-3755</i>
(Name of Person)	(Area Code & Daytime Telephone Number)
CERRETICALIBED ADDRESS.	MAILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•
Enclosed is a check for the following amount	nt:
□\$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: LARR GROUP, LLC
2. The mailing address of the limited liability company is: 15500 ルモル BARN を
SUITE 104 MIAMI LAKES FL. 33014
, 1
O2/20/2003  3. Date of filing/registration in Florida  LO300006274  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:
ALICIO PINA  Name  15500 NEW BARN Rd., Ste. 104  Address  MIAMI LAKES, FL. 33014  City, State and Zip  6. The name and address of the new registered agent and/or office:  RUBEN BERTRAN  Name  11767 So. DIXIE HWY. # 136  Florida street address (P.O. Box NOT acceptable)  MIAMI, FL. 33156  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 vot of the members of the limited liability company or as otherwise provided in the articles of organizatio or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)  Auce Pina (Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my dutie and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, 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)

(Signature of Registered Agent)

(DUBEN BENTABN

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

FILING FEE: \$25.00