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W03-36501 J. BATTAN DEC -4 2003



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 4, 2003

JOHN P. ARCIA NEW HAVANA GROVE, LLC 7150 NW 36 AVENUE MIAMI, FL 33147

SUBJECT: NEW HAVANA GROVE, LLC

Ref. Number: W03000036501



We have received your document for NEW HAVANA GROVE, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 603A00065255

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.		
1. The name of the limited liability company is:	Havana Grove, U.C.	
2. The mailing address of the limited liability company is:	7150 NW 36 Avenue	
	Miami, F(33/47)	
0417512003	L03000014856	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:		
Ralph Kan	live Z	
Name Name	ive Z Ave - 2~0 Tlooks = 7 F(33134	
283 Deville	· Ave - 200 regions	
Coval Gasies,	F(33134) 第7元	
City, State and Z	ip For	
6. The name and address of the new registered agent and/or office:		
John P. Arc	CIC SEE SE	
John P. Arcic Biggs		
Florida street address (P.O. Box NOT acceptable)		
Micmi FL 33147		
City, State and Zip)	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) when members of the limited liability company or as otherwise the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
(Printed or typed name of signee)		
(rimed or typed name of signes)		

(Signature of Registered Agent)

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

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 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby continue that the limited liability company has been notified in writing of this change.

FILING FEE: \$25.00

(10/99)