## L03000036793

Federico Garcia (Requestor's Name)
(Requestor's Name)  Garcia + Garcia  (Address)
Saal Coxal Way (Address)
Miams FL 33155 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## 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: 4444 Realty, LLC

2. The mailing address	of the limited liability cor	npany is: 8221 Coral Way	<i>'</i>			
Miami, FL 33155					·	
09/26/2003		L0300003679	L03000036793			
3. Date of filing/registration in Florida		4. Document nu	4. Document number			
5. The name of the regis Florida Department o	tered agent and the registe f State: Law Offices of Michael	ered office address as shown ael R. Storace, P.A.	on the	records	of the	
	9100 South Dadelar	Name nd Blvd., Suite 1607				
	Miami, FL 33156-78	Address 17 State and Zip	- - [	7		
6. The name and address of the new registered agent and/or office:			)	( ) <u>;</u>	7 = □ 1 ; 50 = 100	
Federico Garcia			<u> </u>	ÜΕ	1	
	8221 Coral Way	lame	- , , , , , , , ,	U		
	Florida street address	(P.O. Box NOT acceptable)		<del>:</del> 2:	ŕ	
	Miami	FL 33155	_	W		
	City, St	ate and Zip				
confirmed that after the and the business office of liability company, it is not the members of the limit the operating agreement	mpany is not organized unchange or changes are made in the registered agent will ereby confirmed that the detailed liability company or a of the limited liability confirmed representative of a member		Florida of the of a F ed by a rticles	, it is he register lorida l n affirm of organ	ereby red office imited iative vote of nization or	
Jorge L Guerra Sr						
(Printed or typed name of signe	•			- 4	_	
Vector of	vein	ent and agree to act in this co to the proper and complete t of my position as registered led to merely reflect a chang company has been notified t	apacity perform agent c e in the in writi	e. I furt. iance of as prover registe ng of th	her agree to f my duties, ided for in ered office iis change.	
(Signature of Registered Agent)		N. D /227 Tallaharra 17		1.4		
Divis	ion of Corporations, P.C	). Box 6327, Tallahassee, Fl	L 3231	l <b>4</b>		

**FILING FEE: \$25.00**