103000044016

00789-00824-90471 form (CnoT.com

(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: ABO ABO ABO ABO ABO ABO ABO AB
103-44016
Office Use Only



600058629606

M. HODGES

ŭ8/22/05--01020--∩14 **25.UC

FILED SEP 20 PH 3: 1

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bina 521 LLC
(Name of corporation)
DOCUMENT NUMBER: L03000044016
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
L.N.Gomez
(Name of contact person)
BINA 521 L.L.C. (Firm/Company)
74 E. Flagier St (Address)
Miami, Fl. 33131
(City/state and zip code)
For further information concerning this matter, please call:
L.N. Gomez at (305) 336-9909
(Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

EDAS



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 23, 2005

L.N. GOMEZ BINA521, L.L.C. 74 E. FLAGLER ST. MIAMI, FL 33131

SUBJECT: BINA521, L.L.C. Ref. Number: L03000044016

We have received your document for BINA521, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Letter Number: 505A00053475

Michelle Hodges Document Specialist

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: Bint 521. U.C.
2. The mailing address of the limited liability company is: 74 E FLACLER ST
Mum FC 3313).
11-12-03 L0300044016
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: Moskovitz Daniel ESQ Name 48 E Flas (en St #10x PH Address Mum Flas 33131. City, State and Zip
6. The name and address of the new registered agent and/or office: L. N. Gon ez 74 E FLAG CER ST Mann Fle 3313 Florida street address (P.O. Box NOT acceptable)
FL 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 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) (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 involuties, 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

INHS18(10/99) FILING FEE: \$25.00