

L03000055989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

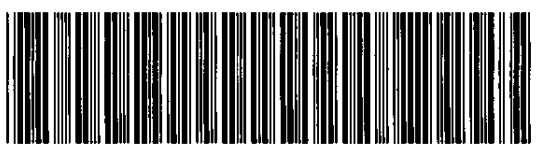
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mi Primera Ilusion Villas, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel Soliman
(Name of Person)

Mi Primera Ilusion Villas, LLC
(Firm/Company)

275 Fountainebleau Blvd. Suite 173
(Address)

Miami, FL 33172
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Miguel Soliman at (305) 223-2520
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2006

MIGUEL SOLIMAN
275 FOUNTAINEBLEAU BLVD STE 173
MIAMI, FL 33172

SUBJECT: MI PRIMERA ILUSION VILLAS, LLC
Ref. Number: L03000055989

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for MI PRIMERA ILUSION VILLAS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 306A00070237

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: Mi Primera Ilusion Villas, LLC

New Address 2. The mailing address of the limited liability company is: 275 FOUNTAINEBLEAU BLVD.
Suite 173. miami, FL 33172

12/16/03
3. Date of filing/registration in Florida

L03000055989
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:

Miguel Soliman
Name
10745 NW 23 St.
Address
miami, FL 33172
City, State and Zip

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

Miguel Soliman
Name
275 FOUNTAINEBLEAU BLVD. Suite 173
Florida street address (P.O. Box NOT acceptable)
miami, FL 33172
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]
(Signature of a member or authorized representative of a member)

Miguel Soliman, managing 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 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
FILING FEE: \$25.00