# LOH 000023235

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500082695525

12/22/06--01011--016 \*\*35.00

2007 JAN 19 AM 10: 55
SECRETARY OF STATE

335



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2006

CEISTINA GARCIA 14540 SW 136TH STREET - 102 MIAMI, FL 33186

SUBJECT: THE GREENWICH DEVELOPMENT GROUP LLC

Ref. Number: L04000023235

We have received your document for THE GREENWICH DEVELOPMENT GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist Letter Number: 906A00072851

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: The Greenwich Do	evelopment Group, L (Name of Corporation)	LC		
DOCUMENT NUMBER: L040000	23235			
The enclosed Statement of Change of Reg	gistered Office/Agent and fee a	re submitted for fi	ling.	
Please return all correspondence concerni	ng this matter to the following	•		
	Cristina Garcia (Name of Contact Person)			
	(Firm/Company)		-	
1454	0 SW 136th Street - 10	)2	_ 7A S 20	
	(Address)		2007 JAN SECRETA	dorgan 1
	mi, FL 33186 (City/State and Zip Code)		19 VRY SSE	il Limit scan
For further information concerning this m	•		AM IO: 58 OF STATE E. FLORID	
Cristina Garcia	at (_305	) 969-3136	<u> </u>	
(Name of Contact Person)	(Area Cod	le & Daytime Tele	phone 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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# **COVER LETTER**

TO: Registration Section Division of Corporations	_	
	ch Development Group, LLC	
SUBJECT:(Name of Lim	nited Liability Company)	·
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for	filing.
Please return all correspondence concerning this	s matter to the following:	
Cristina Garcia		
(Name of Person)		_
		200: SE TAL
(Firm/Company)		2007 JAN 19 SECRETAR TALLAHASS
14540 SW 136 <sup>th</sup> Street -	102	
(Address)	4.0.00	PAH II
Miami, FL 33186		AM 10: 55 OF STATE E.FLORIDA
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
Cristina Garcia	(305) 969-3136	
(Name of Person)	at(Area Code & Daytime Te	elephone 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 amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certif	fied 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.

2. The mailing address	of the limited liability comp	pany is: 14540 SW 136 <sup>th</sup> Street – 1	102	
		Miami, FL 33186	<del></del>	
03/25/2004		L04000023235		
3. Date of filing/registr	ration in Florida	4. Document number		
5. The name of the regi Department of State:		red office address as shown on the records of	f the Florida	
	NS Corporate Se	ervices Inc.		
	-	Name	_	
	801 Brickell Av	renue, Suite 1580		
		Address	~·	
	<u>Miami, FL 3313</u>	31	_AE	
		ty, State and Zip	2007 JAN 19 SECRETAR'S	MAX.
6. The name and addres	ss of the new registered ager	nt and/or office:	HAT WE	144
	Ernesto Lopes	<del></del>	19 SS	1
	1 4 7 4 0 0 7 7 7 1 0 cth	Name	رس ليا. م	į,
	14540 SW 136 <sup>th</sup>			Į,
		ress (P.O. Box NOT acceptable)	AN IO: 58 OF STATE	71
	<u>Miami</u> FL <u>33186</u>		음류 55	
	Cit	ty, State and Zip	<b>P</b>	
or changes are made, the F identical. Or, in the case of	loyda street address of the regit of Florida limited liability com numbers of the limited liability	e laws of the State of Florida, it is hereby confirmistered office and the business office of the register of the state of the	ered agent wilt be vas/were authorized b	у
(Signature of a member or	authorized representative of a	member)		
Ernesto Lopes - (Printed or typed name of				
provisions of all statutes re	ative to the proper and compl	agree to act in this capacity. I further agree to co lete performance of my duties, and I am familiar v d for in Chapter 608, F.S. Or, if this document is	with and accept the	ı

this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00

reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified writing of