

L04000056906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

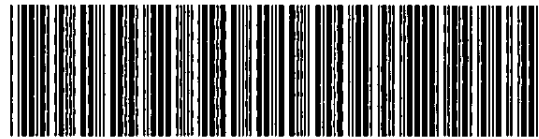
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800137606428

11/07/08--01021--019 **75.00

FILED
08 NOV -7 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 10 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Famiglia Real, 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:

Beatriz Fernandez
(Name of Person)

(Firm/Company)

1505 Fort Clark Blvd #9108
(Address)

Gainesville FL 32606
(City/State and Zip Code)

For further information concerning this matter, please call:

Beatriz Fernandez at (305) 898-0845
(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

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. Name of the limited liability company: Famiglia Real, LLC

2. (a) Principal office address of limited liability company: 2313 SW 99 AVE
MIAMI FL 33165
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: PO BOX 654312
MIAMI FL 33165
(Note: **MAY BE POST OFFICE BOX**)

7/12/2004
3. Date of filing/registration in Florida

LO4000056906
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Noemi Valladares

Registered Office Address: 2520 SW 22 ST #2363
MIAMI FL 33165

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

~~NEW~~ Registered Agent: _____

~~NEW~~ Registered Office Address: 2313 SW 99 AVE
MIAMI FL 33165
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Beatriz Fernandez
(Signature of a member or authorized representative of a member)

Beatriz Fernandez
(Printed or typed name of signer)

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.

Noemi Valladares
(Signature of Registered Agent) NOEMI VALLADARES

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00