

L04 0000 37985

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(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: DON MANUEL I, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000057985

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:

MANUEL PEREZ
(Name of Contact Person)

PIANO & ART GALERIA
(Firm/Company)

1560 S DIXIE HWY
(Address)

CORAL GABLES FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL PEREZ at (305) 665-0009
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

MANUEL PEREZ
1560 S DIXIE HWY
CORAL GABLES, FL 33146

SUBJECT: DON MANUEL I, LLC
Ref. Number: L04000057985

We have received your document for DON MANUEL I, LLC and your check(s) totaling \$105.00. 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 406A00012317

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STATE
FLORIDA

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FEB 24 2006

**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: **DON MANUEL I, LLC**
2. The mailing address of the limited liability company is: **1560 S. DIXIE HWY**
CORAL GABLES, FL 33146
3. Date of filing/registration in Florida: **8/4/04**
4. Document number: **L04000057985**

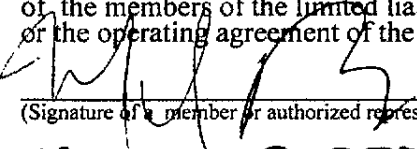
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CSC
Name
2711 Centerville Rd
Address
Wilmington, DE 19808
City, State and Zip

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

Susana Diaz
Name
50 Menores Ave #708
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33134
City, State and Zip

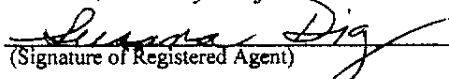
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

MANUEL PEREZ

(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 of Registered Agent)

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