

LD4000076945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

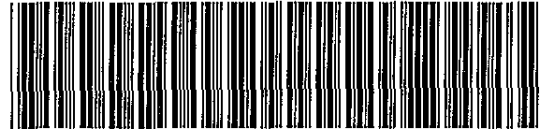
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LD4-76945  
AK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 7, 2005

EDGARDO ARAUZ  
400 ALTON RD #1605  
MIAMI BEACH, FL 33139

SUBJECT: ARAZA INVESTMENTS LLC  
Ref. Number: L04000076945

We have received your document for ARAZA INVESTMENTS 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):

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 205A00061024

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 28, 2005

EDGARDO ARAUZ  
400 ALTON RD #1605  
MIAMI BEACH, FL 33139

SUBJECT: ARAZA INVESTMENTS LLC  
Ref. Number: L04000076945

We have received your document for ARAZA INVESTMENTS 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: 205A00059112

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARAZA INVESTMENTS LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L04000076945

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:

EDGARDO M. ARAUZ

(Name of Contact Person)

ARAZA INVESTMENTS LLC

(Firm/Company)

400 ALTON RD # 1605

(Address)

MIAMI BEACH FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

EDGARDO M. ARAUZ

(Name of Contact Person)

at ( 305 ) 672 0770  
305 ) 519 8489

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

ARAZA INVESTMENTS 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:

Edgardo M. Arauz  
(Name of Person)

ARAZA INVESTMENTS LLC  
(Firm/Company)

400 Alton Road #1605  
(Address)

Miami Beach Florida 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edgardo M. Arauz at ( 305 ) 672-0770  
(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

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2005 OCT 27 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ARAZA INVESTMENTS LLC
2. The mailing address of the limited liability company is : 400 Alton Road #1605  
MIAMI BEACH Florida 33139
3. Date of filing/registration in Florida 10/22/2004
4. Document number L04000076945

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

Edgardo M. Arauz  
Name  
400 Alton Road #1605  
Address  
Miami Beach Florida 33139  
City, State and Zip

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

Edgardo M. Arauz  
Name  
400 Alton Road #1605  
Florida street address (P.O. Box NOT acceptable)  
Miami Beach FL 33139  
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.

Edgardo M. Arauz  
(Signature of a member or authorized representative of a member)

Edgardo M. ARAUZ  
(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.

[Signature]  
(Signature of Registered Agent)

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