

L05000025162

ent B ;

200791489

Mar-11-05 3:23PM;

Page 1  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000061691 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : JORGE L. GURIAN P.A.  
Account Number : 120010000123  
Phone : (305)279-4101  
Fax Number : (305)279-1489

RECEIVED  
05 MAR 11 PM 3:43  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

THE RESIDENCES 109-2 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED  
2005 MAR 11 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name Availability	DOC
Document Examiner	DOC
Upstate	DOC
Upstate Veritas	DOC
Amended Certificate	DOC
W. P. Verifier	DOC

Electronic Filing Menu

Corporate Filing

Public Access Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/11/2005



Fax Audit Number: H05000061691 3  
Account Number: I20010000123

**7. Right to Continue Business.** The remaining members may continue the Business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member of the occurrence of any other event which terminates the continued membership of a member in the company.

**8. Management of Company.** The business of the Company shall be managed by the *Managing Member*. The name and address of the *Managing Member* is set forth above in Article 4.

IN WITNESS WHEREOF, the undersigned, through their authorized representative, have hereunto set their hands and seals this 11<sup>th</sup> day of March, 2005.



JORGE GURIAN  
AUTHORIZED REPRESENTATIVE

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent



JORGE GURIAN

2005 MAR 11 A 10:56  
SECRETARY OF STATE  
ALABAMA

FILED

Fax Audit Number: H05000061691 3  
Account Number: I20010000123

Fax Audit Number: H05000061691 3  
Account Number: I20010000123

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND A REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: THE RESIDENCES 109-2 LLC
2. The name and the Florida street address of the registered agent are:

Jorge Gurian  
2100 Ponce De Leon Boulevard, Suite 600  
Coral Gables, Florida 33134

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
JORGE GURIAN

**FILED**  
2005 MAR 11 A 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit Number: H05000061691 3  
Account Number: I20010000123