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COVER LETTER

COVERI	LETTER	Į.	<u>k</u>
TO: Registration Section Division of Corporations			
SUBJECT: Unimarket LLC (Name of Limited L	.iability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for	filing.	
Please return all correspondence concerning this matt	ter to the following:		
Marcela Levy (Name of Person)		SE 3S	2001
Unimarket LLC (Firm/Company)		CRETARY OF LAHASSEE.	2005 HOV 16 A
Po 30x 416463 (Address)		STATE	AM 10: 20
Hiami Beach, FL 3314 (City/State and Zip Code)	<u> </u>		·
For further information concerning this matter, please	e call:	{	
Marcela Levy at (78) (Name of Person)	36) 426 6572 (Area Code & Daytime Tele	ephone	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		manusario de la proposició de la proposi
Enclosed is a check for the following amount	nt:		5

☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OF REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

DOIN FOR LIMITED BLADILITY COMPANY	
Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersignability company submits the following statement in order to change its registered office of agent, or both, in the State of Florida.	ned limited r registered
1. The name of the limited liability company is: Unimarket LLC	
2. The mailing address of the limited liability company is: 4121 Stirling	2 a
# 409 Dania FL 33314	
Harch 22 rd , 2005 3. Date of filing/registration in Florida LO50000 281624 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State:	of the
Gerardo D. Amzel Name	
Alal Stirling Rd # 409 Address Dania, FL 33314 City, State and Zip	7008 NOV
6. The name and address of the new registered agent and/or office:	1 F
Marcela J. Levy Name 4121 Stirling Rd # 409 Florida street address (P.O. Box NOT acceptable)	10V 16 AM 10: 20
Dania FL 33314 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida li liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or or the operating agreement of the limited liability company.	d office nited ative vote
(Signature of a member or authorized representative of a member)	•
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provided to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provided to the proper and complete the confirmation of the confirmation of the confirmation of the company has been notified in writing of the confirmation of the confirmatio	er agree to yy duties, led for in ed office s change.
(Signature of Registered Agent)	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00