

**L05000031981**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

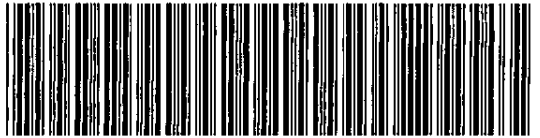
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OCT 15 2009

**EXAMINER**



**100161026581**

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT 14 PM 2:35

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1100 BISCAYNE HOLDINGS 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:

EDUARDO MARQUEZ

Name of Person

AVIONICS SALES CORPORATION

Firm/Company

2875 NE 191ST. STREET, SUITE 500

Address

AVENTURA, FL 33180

City/State and Zip Code

eduardo@avionicsales.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO MARQUEZ

Name of Person

at ( 305 )

932-5515 (EXT. 117)

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: 1100 BISCAYNE HOLDINGS LLC

2. (a) Principal office address of limited liability company: 17885 COLLINS AVENUE



(Note: **MUST BE STREET ADDRESS**)

APT. 2001, SUNNY ISLES BEACH,  
FL 33160

(b) Mailing address of limited liability company: 17885 COLLINS AVENUE



(Note: **MAY BE POST OFFICE BOX**)

APT. 2001, SUNNY ISLES BEACH,  
FL 33160

03/31/2005  
3. Date of filing/registration in Florida

L05000031981  
4. Document number

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

Registered Agent: CORPORATE CREATIONS NETWORK

Registered Office Address: 11380 PROSPERITY FARMS ROAD  
# 221E  
PALM BEACH GARDENS, FL 33410

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

**NEW** Registered Agent: EDUARDO MARQUEZ

**NEW** Registered Office Address: 2875 NE 191ST. STREET, SUITE # 500  
**(MUST BE FLORIDA STREET ADDRESS)**  
AVENTURA, FL 33180

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

EDUARDO MARQUEZ

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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