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	2005 JUN 22	4 - 3	
(Requestor's Name)	SECRETAR TALLAHASS	OF STATE SEE, FLORWA	
lorge Gaviria Leg. 2769 S. Divis Hory. Suitz 101 Miami, Florida 39196		1000563317	61
(City/State/Zip/Phone #)	MAIL	06/22/0501044nn1	**25,00
(Business Entity Name)			
(Document Number) Certified Copies Certificates of St	tatus		
Special Instructions to Filing Officer:			
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STATEMENT OF		MITED LIABILITY COMPANY
Pursuant to the provisic liability company submit agent, or both, in the Sta	ons of sections 608 ts the following sta te of Florida.	3.416 or 608.508, Florida Statutes, the undersigned limited tement in order to change its registered office or registered
1. The name of the limit	ed liability compan	y is: Maria Property and Investment, LLC
2. The mailing address of	f the limited liabili	ty company is: 13132 SW 136 Terrace HASSEE, FLORID
Miami, Florida 33186		
04/28/2005		L05000041992
3. Date of filing/registra	tion in Florida	4. Document number
5. The name of the regist Florida Department of		P.A. Name
	9769 S. Dixie H	
	Miami, FL 3315	Address 66 City, State and Zip
6. The name and address	of the new register	ed agent and/or office:
	Oscar Mendez	Turino
	13132 SW 136	Name Terrace
	Florida street ad	dress (P.O. Box NOT acceptable)
	Miami	FL 33186
	Ci	ty, State and Zip
confirmed that after the cand the business office o liability company, it is he the meanbers of the limit	change or changes a f the registered ages ereby confirmed that ed liability compan of the limited liabil	
A GLANA Manada Madulo	<i>2</i> ·	(enfoct)
(Printed or typed name of signed	•	
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	vintment as register ns of all statutes re ad accept the oblig this document is be n that the limited li	ed agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in sing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.

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

FILING FEE: \$25.00

(Signature of Registered Agent)