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## **COVER LETTER**

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Inversora Exito, LLC (Name of Limited L	iability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Jaime Pulido (Name of Person)	
(Firm/Company)	
416 Luenga Avenue	
(Address)	
Coral Gables, Florida 33146 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Jaime Pulido at (305) (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 amoun	at:
□\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is: Inversora Exito, LLC	<u>.</u>
2. The mailing address of the limited liability company is : 416 Luenga Avenue, Coral Gables, FL	٠.
33146	ند
7/06/05 L05000066292	
3. Date of filing/registration in Florida 4. Document number	-
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
Francisco J. Perez-Aranguren	
Name	
416 Luenga Avenue	-
Address St. 22446	
Coral Gables, FL 33146  City, State and Zip	•
6. The name and address of the new registered agent and/or office:	
Jaime Pulido	
Name	-,
416 Luenga Avenue	
Florida street address (P.O. Box NOT acceptable)	
Coral Gables FL 33146	<u>,</u>
City, State and Zip	
If the fimited 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 Increber or authorized representative of a member)	æ.?"
<del></del>	
Prancisco J Perez-Aranguren (Printed or typed name of signee)	
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 familifr with and accept the obligations of my position as registered agent as provided for in Chapter 608, IIS 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  INHS18 (8/05)	