

L05000060292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

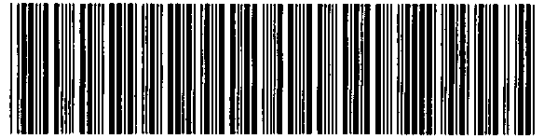
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600108636646

08/29/07--01017--005 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 26 PM 12:05

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVERSORA EXITO, 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:

JAIME PULIDO  
(Name of Person)

INVERSORA EXITO, LLC  
(Firm/Company)

2660 SW 37 AVENUE, STE 404  
(Address)

MIAMI, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAIME PULIDO at ( 786 ) 206-1480  
(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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
07 SEP 26 AM 11:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 30, 2007

JAIME PULIDO  
2660 SW 37 AVE  
STE 404  
MIAMI, FL 33133

SUBJECT: INVERSORA EXITO, LLC  
Ref. Number: W07000042988

We have received your document for INVERSORA EXITO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name of the Registered Agent in section 6.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist  
Registration/Qualification Section

Letter Number: 107A00052203

**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. The name of the limited liability company is: INVERSORA EXITO, LLC

2. The mailing address of the limited liability company is: 2660 SW 37 AVENUE, STE 404  
MIAMI, FL 33133

07/06/2005  
3. Date of filing/registration in Florida

L05000066292  
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:

JAIME PULIDO  
Name  
416 LUENGA AVENUE  
Address  
CORAL GABLES, FL 33146  
City, State and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 26 PM 12: 05

6. The name and address of the new registered agent and/or office:

JAIME PULIDO.  
Name  
2660 SW 37 AVENUE, STE 404  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33133  
City, State and Zip

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.

FRANCISCO J PEREZ-ARANGUREN  
(Signature of a member or authorized representative of a member)

FRANCISCO 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 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.*

FRANCISCO J PEREZ-ARANGUREN  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00