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M. THOMAS

DEC 3 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUB	JECT:	bratos llc
	Name of L	imited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	this matter to the following:
	adriana bratos	
	Name of Person	THE CHARSEE, FLORID SECRETARY OF STATE VALLANDS SEE, FLORID SECRETARY OF STATE OF ST
	levetes He	79
-	bratos IIc Firm/Company	
	1331 brickell bay drive apt 16	03
	miami fl 33131 City/State and Zip Code	
	abratos@gmail.com E-mail address: (to be used for future annual report no	otification)
For fi	urther information concerning this matte	er, please call:
	natascha colonelli	at (
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations P.O. Box 6327
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the following	g 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:	bra	itos lic			
2. (a) Principal office address of limited liability compa	any:	1331 brickell bay drive			
(Note: MUST BE STREET ADDRESS)	unit 1603 miami fl 33	131			
(b) Mailing address of limited liability company:	1331	brickell bay drive			
(Note: MAY BE POST OFFICE BOX)	<u>unit 1603</u> miami fl 33	131			
7/26/2005		L05000073430			
3. Date of filing/registration in Florida	4. Document	number			
5. (a) Registered Agent and Registered Office shown o	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	aurelio pied	ra Francisco			
Registered Office Address:	9100 south suite 912 miami fl 331	dadeland blvd			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	adriana bra				
(MUST BE FLORIDA STREET ADDRESS)	miami	,FL 33131			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company. Signature of a member or authorized representative of a member and the provisions of all statutes relative to the provisions of all statutes relative to the provisions.	Florida street acentical. Or, in the (s) was/were authorwise provided my.	Idress of the registered office e case of a Florida limited horized by an affirmative vote in the articles of organization			
comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my formall chapter 608, F.S. Or, if this document is being filed to haddress. I hereby confirm that the limited liability company is signature of Registered Agent	position as regis nerely reflect a c iny has been not	terea agent as provided for in change in the registered office ified in writing of this change.			

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