

L05000084096

(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



500241172235

10/26/12--01008--022 \*\*25.00

12 OCT 26 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE

OCT 29 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EBE INVESTMENTS 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:

DIANE L ABURTO

Name of Person

LAW OFFICE OF ABURTO AND BEN EZRA PA

Firm/Company

8896 NW 7TH AVE

Address

MIAMI, FL 33150

City/State and Zip Code

ABURTOLAW@GMAIL.COM

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

For further information concerning this matter, please call:

DIANE ABURTO

Name of Person

at ( 305 )

6949690

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

APPROVED  
AND  
FILED  
12 OCT 26 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: EBE INVESTMENTS LLC

2. (a) Principal office address of limited liability company: 8896 NW 7TH AVE

**(Note: MUST BE STREET ADDRESS)** MIAMI, FL 33150

(b) Mailing address of limited liability company: 8896 NW 7TH AVE

**(Note: MAY BE POST OFFICE BOX)** MIAMI, FL 33150

08/24/2005 3. Date of filing/registration in Florida L05000084096 4. Document number

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

Registered Agent: Law Office of Aburto and Ben Ezra PA

Registered Office Address: 8896 NW 7th ave  
Miami, FL 33150

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

**NEW Registered Agent:** David Smaike

**NEW Registered Office Address:** 3300 North State Road 7  
**(MUST BE FLORIDA STREET ADDRESS)** hollywood, FL 33024

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.

Diane L Aburto  
Signature of a member or authorized representative of a member

Diane L Aburto  
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.*

X Smaike  
Signature of Registered Agent

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