

LD5000091250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

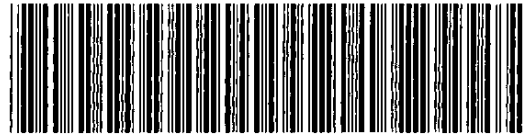
LD5-91250

(Document Number)

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FILED
07 DEC 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 26 2007

NU IDEAS LLC.
1541 BRICKWELL AVE., APT. 1807
MIAMI, FL 33129

November 12, 2007

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Statement of Change of Registered Office
Document Number: L05000091250

To Whom It May Concern:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel E. Apodaca
(Name of Contact Person)

Apodaca and Company
(Firm/Company)

301 E. Colorado Blvd., Ste 800
(Address)

Pasadena, CA 91101
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel E. Apodaca at (626) 449-6262
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Sincerely,


Susana Dosamantes



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2007

DANIEL E. APODACA
APODACA AND COMPANY
301 E. COLORADO BLVD., STE. 800
PASADENA, CA 91101

SUBJECT: NU IDEAS LLC.
Ref. Number: L05000091250

We have received your document for NU IDEAS LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 407A00068198

**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: NU IDEAS, LLC
2. The mailing address of the limited liability company is: 301 E. COLORADO BLVD., STE 800,
PASADENA, CA 91101

09/16/2005

L05000091250

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:

PRATZ FERNANDEZ & CO PA

Name
2121 PONCE DE LEON BLVD., STE 240

Address
CORAL GABLES, FL 33134

City, State and Zip

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

SUSANA DOSAMANTES

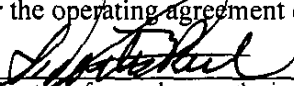
Name
1541 BRICKELL AVE., APT 1807,

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33129

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.


(Signature of a member or authorized representative of a member)

SUSANA DOSAMANTES
(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.


(Signature of Registered Agent)

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

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07 DEC 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA