## L05000095182

| (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



100213089771

10/17/11--01016--816 \*\*25.00

FILED

11 OCT 17 PN 12: 47

SECKLIABLE OF STATE
TALLAHASSEE, FLORIDA

N. Cultigan UC/ 10 ZUIL

## **COVER LETTER**

| <b>TO:</b> Registration Section Division of Corporations  | ;  |                     |                                       |
|---|--|---------------------|---------------------------------------|
| SUBJECT:  |  | 125 AVENUE          | · · · · · · · · · · · · · · · · · · · |
|   | Name of Limited                                | d Liability Com     | pany                                  |
| Dear Sir or Madam:  |  |                     |                                       |
| The enclosed Registered Agent/                            | Registered Office                              | Change and fee(     | (s) are submitted for filing.         |
| Please return all correspondence                          | concerning this m                              | natter to the follo | owing:                                |
| ALFREDO L   |  |                     |                                       |
| Name of Per   | son  |                     |                                       |
| 20621 SW 125 A  |  |                     |                                       |
| Firm/Compa  | пу   |                     |                                       |
| 1082 SAN LU<br>Address                                    | JIS REY  |                     |                                       |
| WESTON, FLOI<br>City/State and Zi                         |  |                     |                                       |
| alfredolaverde@<br>E-mail address: (to be used for future | bellsouth.net<br>annual report notification    | on)                 |                                       |
| For further information concerni                          | ng this matter, ple                            | ase call:           |                                       |
| ALFREDO LAVERE  | DE at (_                                       | 754                 | 235 2772                              |
| Name of Person  |  | Area Code           | & Daytime Telephone Number            |
| STREET/COURIER AD   | DRESS:   | MAILING A           |                                       |
| Registration Section Division of Corporations             | Registration Section  Division of Corporations |                     |                                       |
| Clifton Building  |  | P.O. Box 632        | 27                                    |
| 2661 Executive Center Circ<br>Tallahassee, Florida 32301  | ele  | Tallahassee,        | Florida 32314                         |
| Enclosed is a check for                                   | the following amo                              | ount:               |                                       |
| \$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.

| Name of the limited liability company:  | 20621 SW 125 AVENUE, LLC   |
|---|--|
| 2. (a) Principal office address of limited liability com  | pany: 20621 SW 125 AVENUE, LLC.  |
| (Note: MUST BE STREET ADDRESS)  | 1082 SAN LUIS REY<br>WESTON, FLORIDA 33326   |
| (b) Mailing address of limited liability company:   | 20621 SW 125 AVE LC.   |
| (Note: MAY BE POST OFFICE BOX)  | 1082 SAN LUIS REY STORIDA 33328 TO   |
| SEPTEMBER 28, 2005  | L05000095182 呈 口   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown   | 5 <b>-</b>   |
| Registered Agent:   | CARLOS H. OCHOA  |
| Registered Office Address:  | 20621 SW 125 AVENUE, LLC.<br>10300 SW 72 STREET. SUITE 318<br>MIAMI, FL 33173  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or  | NEW Registered Office address:   |
| NEW Registered Agent:   | CARLOS H. OCHOA  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 20621 SW 125 AVENUE, LLC.<br>1082 SAN LUIS REY<br>WESTON ,FL33326  |
| If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be iliability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com  Signature of a member or authorized representative of a member  ALFREDO LAVERDE  Printed or typed name of signee | ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.  |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com   | ind agree to act in this capacity. I further agree to<br>be proper and complete performance of my duties,<br>by position as registered agent as provided for in<br>the merely reflect a change in the registered office<br>by any has been notified in writing of this change. |

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

Signature of Registered Agent