

# L05000102574

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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K. SALLY  
EXAMINER  
SEP 19 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southern Cove L.L.C.  
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:

PETER DUARTE  
Name of Person

Southern Cove L.L.C.  
Firm/Company

21953 S.W. 128 AV  
Address

MIAMI FLA 33170  
City/State and Zip Code

PDUARTE98@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Duarte at (305) 525-8843  
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

**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: Southern Cove L.L.C.

2. (a) Principal office address of limited liability company: 21953 S.W. 128 AV

(Note: **MUST BE STREET ADDRESS**)

MIAMI FLA 33170

(b) Mailing address of limited liability company: 21953 S.W. 128 AV

(Note: **MAY BE POST OFFICE BOX**)

MIAMI FLA 33170

10-18-2005  
3. Date of filing/registration in Florida

LO5000102574  
4. Document number

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

Registered Agent:

POLLER NEALE J

Registered Office Address:

550 BILTMORE WAY Suite 700  
CORAL GABLES  
FLA 33134

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

**NEW** Registered Agent:

PETER DUARTE

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

21953 S.W. 128 AV.  
MIAMI FLA  
FL 33170

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

PETER DUARTE  
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. 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