## 400000003798

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ALLAHASSEE, FLORIDA

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2007

JAVIER A. FERNANDEZ 2700 SW 137TH AVE. MIAMI, FL 33165

SUBJECT: FORTE HOLDINGS GROUP, L.L.C.

Ref. Number: L06000003798

We have received your document for FORTE HOLDINGS GROUP, L.L.C. 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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 607A00048477

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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: FORTE HOLDINGS GROUP, L (Name of Limit	LC ed Liability Company)	·				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	e Change and fee(s) are sub	omitted for filing.				
Please return all correspondence concerning this	matter to the following:	PILED  2001 AUG 29 P 4: 52  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
JAVIER A. FERNANDEZ		AR SS				
(Name of Person)	***************************************	TO FEE.FLOR				
FORTE HOLDINGS GROUP, LLC	•	: 52 ATE ORIDI				
(Firm/Company)	_	)A 2				
2700 SW 137TH AVE						
(Address)	<del> </del>					
MIAMI, FL 33165						
(City/State and Zip Code)						
For further information concerning this matter, pl	ease call:					
JAVIER A. FERNANDEZ at (	305 223-2533					
(Name of Person)	(Area Code & Da	ytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporation PO Box 6327 Tallahassee; Florida 32	ns				
Enclosed is a check for the following an	nount:					
\$25 Filing Fee	S55 Filing Fee & Ce	\$55 Filing Fee & Certified Copy				

TO:

## 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 lim	itad liability asmoony	: FORTE HO	I DINGS GROUP I	LLC.			
					MI EL 22		
2. The mailing address	of the limited liability	company is:	2700 SW 1371H	AVE, MIA	MI, FL 33	1/3	
01/11/2006			L0600003798				
3. Date of filing/registration in Florida			4. Document number				
5. The name of the regineration of the regineration of the region of the		gistered office	address as show	wn on the i	records o	of the	
•	GUSTAVO A. FE	RNANDEZ,	P.A.				
		Name					
	2655 S. LE JEUNE		<u>E 906</u>	<del></del>			
	CODAL CABLES	Address					
	CORAL GABLES,	ty, State and Z	in .	— <u></u> ≱ <sub>s</sub>	2		
( The many and address		•	•	ECF LA	2001 AUG		
6. The name and addres	is of the new registered	agent and/or	office:	HA:	AUG .	H	
	JAVIER A. FERNA	ANDEZ		<i>i</i> 0 ≥0 1	$\sim$		
	Name 2700 SW 137TH AVENUE			-			
	Florida street addr	ess (P.O. Box	NOT acceptable		E C	لفط	
	MIAMI, FL 33175	ET			η VI		
		FL  7, State and Zig			_		
	•	•					
If the limited liability of confirmed that after the and the business office liability company, it is of the members of the or the operating agreem	change or changes are of the registered agent hereby confirmed that	e made, the Flow will be idention the change(s)	orida street addre cal. Or, in the ca was/were author	ess of the r ase of a Fl rized by ar	registere lorida lim n affirma	d office nited tive vote	
//off							
(Signature of a mentber or aut	norized representative of a me	mber)	•				
JAVIER A. FERNANDE	Z						
(Printed or typed name of sign						•	
I hereby accept the app comply with the provisi and I am familiar with Chapter 608, F.S. Or l address, I hereby confi	pointment as registered ons of all statutes rela and accept the obligate if this docu <del>men</del> t is beir m that the limited liab	l agent and ag tive to the prop ions of my pos ng filed to mer vility company	ree to act in this per and complet ition as register ely reflect a cha has been notifie	s capacity. e perform ed agent a nge in the ed in writir	. I furthe ance of n is provide registere ng of this	er agree to ny duties, ed for in ed office change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent)