

LO6000006419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

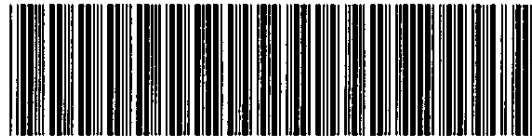
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO6-6419
AK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2006

MARK BONACHEA
1720 SW 97TH AVENUE
MIAMI, FL 33165

SUBJECT: MARK BONACHEA, LLC
Ref. Number: L06000006419

We have received your document for MARK BONACHEA, 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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 006A0003589

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARK BONACHEA, LLC
(Name of Corporation)

DOCUMENT NUMBER: LO6000006419

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:

MARK BONACHEA

(Name of Contact Person)

MARK BONACHEA, LLC

(Firm/Company)

1720 SW 97th AVE

(Address)

MIAMI, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK BONACHEA

(Name of Contact Person)

at (305) 225 0574

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK BONACHEA, 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:

MARK BONACHEA
(Name of Person)

MARK BONACHEA, LLC
(Firm/Company)

1720 SW 97th AVE
(Address)

MIAMI, FL 33165
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARK BONACHEA at (786) 348-6888
(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

\$ 35 PLEASE SEE ATTACHED
PREVIOUSLY DOCUMENT
SENT

**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: MARK BONACHEA, LLC

2. The mailing address of the limited liability company is: _____

1720 SW 97th AVE MIAMI FLORIDA 33165

1-19-2006

3. Date of filing/registration in Florida

LO6000006419

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:

OLLE, DENNIS J

Name

2525 PONCE DE LEON BOULEVARD, SUITE 400

Address

CORAL GABLES, FL 33134

City, State and Zip

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

MARK BONACHEA

Name

1720 SW 97th AVE

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

MIAMI, FL 33165

City, State and Zip

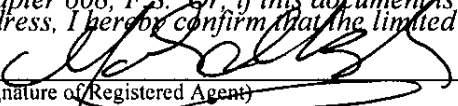
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

MARK BONACHEA

(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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TALLAHASSEE, FLORIDA