

LO6000013627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

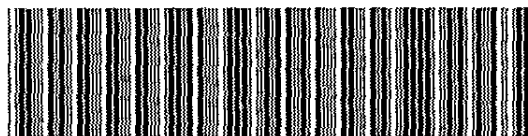
LO6-13627

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400076716504

07/05/08--01022--021 **25.00

FILED

06 AUG - 1 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan JUL - 7 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREKO GRIFFING DEVELOPMENT, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE LASSES

(Name of Person)

JORGE LASSES

(Firm/Company)

100 N. TAMPA AVE #3575

(Address)

TAMPA; FL; 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE LASSES

(Name of Person)

at 813, 541-6973

(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

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2006

JORGE LASSES
100 N. TAMPA AVENUE #3575
TAMPA, FL 33602

SUBJECT: GREKO GRIFFING DEVELOPMENT LLC
Ref. Number: L06000013627

We have received your document for GREKO GRIFFING DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed. Please note if you are doing the Resignation form there is an addition filing fee.

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: 606A00044009

**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: GRECO GRIFFIN DEVELOPMENT LLC
2. The mailing address of the limited liability company is: 301 W. PLATT ST, STE 342
TAMPA, FL, 33606

02/07/06 3. Date of filing/registration in Florida
LO6000013627 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:

JORGE LASSES
Name
100 N. TAMPA ST, ST 3575
Address
Tampa FL 33602
City, State and Zip

FILED
06 AUG - 1 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alejandro Escobar
Name
700 Harbour Island Unit 847
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33602
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.

Alejandro Escobar
(Signature of member or authorized representative of a member)
Alejandro Escobar
(Printed or typed name of signer)

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.

Alejandro Escobar
(Signature of Registered Agent)

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