10000019228

(Re	equestor's Name)			
(Ac	ddress)			
•				
(Address)				
(Ci	ty/State/Zip/Phone	o #)		
(0)	tyrotaterzipii none	. 117		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
. `	,	,		
	ocument Number)			
(DC	ocument Number)	,		
Certified Copies	Certificates	of Status <u>:</u>		
Special Instructions to Filing Officer:				
· I				

Office Use Only



600157355866

06/19/09--01040--024 **25.00

Laudin Wilke

T. CLINE

JUN 3 0 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2009

MANUEL VADILLO 11420 NW 41ST STREET, SUITE 202 MIAMI, FL 33178

SUBJECT: EAST 28TH STREET PARK OF COMMERCE, LLC

Ref. Number: L06000019228

We have received your document for EAST 28TH STREET PARK OF COMMERCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction:

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 609A00021100

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: East 28t	h Stre	et Par	rk of C	Commerce		
Name of						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office (Change	and fee	e(s) are submitted	for filing.	
Please return all correspondence concerning	g this m	atter to	the fol	lowing:		
Manuel Vadillo						
Name of Person					B o	20
Torres and Vadillo LLP			ECRETAR)	2009 JUN 29		
11402 NW 41st Street suite	202				ETARY OF STATE HASSEE, FLORIOA	84 8: 46
Miami, FL 33178						
City/State and Zip Code			_			
mjvadillo@torresvadillollp.c	om t notificati	on)				
For further information concerning this ma	tter, ple	ase call	:			
Julio Arriaga	at (_	305	<u> </u>	798 396		
Name of Person			Area Coo	le & Daytime Telephon	e 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 follow	ing am	ount:				
\$25 Filing Fee		\$5	5 Filin	g Fee & Certified	Сору	

STATEMENT OF CHANGE OF REGISTERED OF 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:	ame of the limited liability company: East 28th Street Park of Commerce		
2. (a) Principal office address of limited liability co	ompany: 62 Indian Trace		
(Note: MUST BE STREET ADDRESS)	suite 154 Weston, FL 33326		
(b) Mailing address of limited liability company	:		
(Note: MAY BE POST OFFICE BOX)			
02/21/06	L06000019228		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show			
Registered Agent:	De La Cruz & Cutler LLp		
Registered Office Address:	Two Alhambra Plaza, PHZ C		
(b) Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered Office address:		
NEW Registered Agent:	Manuel Vadillo, Esc.		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	11402 NW 41st Street suite 202 Miami, FL 33178		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chaof the members of the limited liability company or a or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member	er the laws of the State of Florida, it is hereby to the Florida street address of the registered office		
Signature of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ompany has been notified in writing of this change. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00