L06000048078

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) $ \angle 06 - 48078$
(Document Number)
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SECKLISKISS STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bye Bye Graffiti (Name of Limited)	LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Armando Gutierrez, Sr.	· · · · · · · · · · · · · · · · · · ·
Bye Bye Graffiti	
375 SW 8 ⁷⁴ St. (Address)	· · · · · · · · · · · · · · · · · · ·
Miami FL 33135 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Armando Gutierrez se. at (3 (Name of Person)	O5) 350-1988 (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	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2007

ARMANDO GUTIERREZ SR 3175 SW 8TH STREET MIAMI, FL 33135

SUBJECT: BYE BYE GRAFFITI LLC Ref. Number: L06000048078

We have received your document for BYE BYE GRAFFITI 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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 407A00055900

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:	RVIE	BUR	Gaffi	4:	
		•	-	W 8th		
2. The mailing address of	the limited hability com				<u> </u>	
		P	lami, F	٠ <u>د</u>		
05/09/20	06			04807	18	
3. Date of filing/registration	on in Florida	4. Do	ocument nu	ımber		
5. The name of the register Florida Department of S	red agent and the register	red office addres	s as shown	on the reco	rds of the	3
	Armando	Gutlerrez		_		
	1201 R-16	lame	OP 3.	٦٨ =	va o	
•	Ac	idress	31000		7 O	
	Miami City, St	-L 3313	"	- AHA	OKE LAKE STERNING	FILED
6. The name and address o				SSE	<u> </u>	E
o. The name and address o	_			ूर इन	是是	D
,	Armando	Gutterr	१र	, LOX		
	Armando 3175 SW	me oth St		IUA	が正め	ı
-	Florida street address (I	P.O. Box NOT a	cceptable)			
	Miamt.	57.17S				
-	City, Stat	e and Zip				
If the limited liability components that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement.	ange or changes are mad the registered agent will beby confirmed that the chited liability company or tof the limited liability c	e, the Florida str be identical. Or, nange(s) was/we	eet address in the case re authoriz	s of the regis e of a Florid ed by an aff	stered off a limited irmative	vote
(Signature of a member or authorize						
ARMHNUS EXTER	rner					
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby canfirm to the complete the comp	ntment as registered agents of all statutes relative to accept the obligations of accept the obligations of the distribution of the limited liability of the lia	nt and agree to a the proper and f my position as d to merely refle company has bee	ct in this c complete p registered ect a chang in notified	apacity. I fi performance agent as proje in the regi in writing of	urther ag of my di ovided fo stered of this cha	ree to uties, ir in fice nge.
(Signature of Registered Agent)	~ ~ ~ · · · · · · · · · · · · · · · · ·					

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