LD60000048444

(Re	questor's Name)			
(Add	dress)			
(Add	dress)	·		
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000075551540

06/27/06--01030--024 **25.00



RA Chg



June 9, 2006

Luis Navia 260 Crandon Blvd., Ste. 32 #207 Key Biscayne, FL 33149

SUBJECT: INTERNATIONAL LIAISON GROUP, LLC

Ref. Number: L06000048444

We have received your document for INTERNATIONAL LIAISON GROUP, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file this document is \$25. Make your check payable to Secretary of State.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 206A00039785

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 limit	ted liability company	is: International Liaison Group,	LLC
2. The mailing address of	of the limited liability	company is : 260 Crandon Blvc	l. Ste. 32 # 207
Key Biscayne, FL. 33	149		
May 10, 2006		L06000048444	
	3. Date of filing/registration in Florida 4. Document number		ıber
5. The name of the regist Florida Department of	tered agent and the rep	gistered office address as shown of	on the records of the
• F ···· • • • •	Robert Rojas,	Esq.	
		Name	
	80 SW 8 Street	Suite 1900	
	00 011 0 011001	Address	
	Miomi El 2212		
	Miami, FL. 3313 Cit	y, State and Zip	06 SE
6. The name and address of the new registered agent and/or office:			
	Ruben Oliva, Es	SO.	JUN 26 GALLARY
		Name	12.1
	80 SW 8 Street	Suite 1900	PH 12:
	Florida street addre	ess (P.O. Box NOT acceptable)	12:5
	Miar	mi, _{FL} 33149	8 7 60
	City	, State and Zip	
and the business office of liability company, it is he	change or changes are f the registered agent creby confirmed that t mited liability compar	ad under the laws of the State of F made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the lity company.	of the registered office of a Florida limited I by an affirmative vote
	mural		
(Signature of a member or author	rized representative of a men	nber)	
Luis Navia	7		
(Printed or typed name of signee)		
and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes relati doccept the obligation this document is bein that the limited liabi	agent and agree to act in this cap ive to the proper and complete pe ons of my position as registered a g filed to merely reflect a change lity company has been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)			

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