

LOG 000060338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

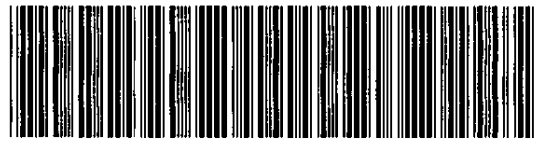
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 30 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2009

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

SUBJECT: DORAL STERLING HOLDING LLC
Ref. Number: L06000060338

We have received your document for DORAL STERLING HOLDING 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a 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 call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00021101

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral Sterling Holding 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:

Manuel Vadillo
Name of Person

Torres and Vadillo LLP
Firm/Company

11402 NW 41st Street suite 202
Address

Miami, FL 33178
City/State and Zip Code

mjvadillo@torresvadillolp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Arriaga at (305) 798 3966
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

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TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: Doral Sterling Holding LLC

2. (a) Principal office address of limited liability company: 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**) _____

06/13/06

L06000060338

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State as of date:

Registered Agent: Eugene Howard

Registered Office Address: 1111 Lincoln Road #500
Miami Beach, FL 33315

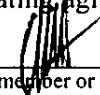
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Manuel Vadillo, Esq.

NEW Registered Office Address: 11402 NW 41st Street suite 202
Miami, FL 33178


(MUST BE FLORIDA STREET ADDRESS) _____, FL _____

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

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