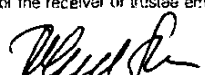


FILED
May 22, 2008 8:00 am
Secretary of State

50000 -



DOCUMENT # L06000074553				05-01-2008 90039 038 ***138.75	
1. Entity Name C & G PROPERTIES II, LLC					
Principal Place of Business 2333 PONCE DE LEON BLVD STE 302 CORAL GABLES FL 33134		Mailing Address 2333 PONCE DE LEON BLVD STE 302 CORAL GABLES FL 33134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5418106 APPLIED FOR	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND JR 2333 PONCE DE LEON BLVD STE 302 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
AS SANCHEZ-MEDINA JR, ROLAND 2333 PONCE DE LEON BLVD, SUITE 302 CORAL GABLES FL 33134 ☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
☐ Delete			☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					