

L06000081314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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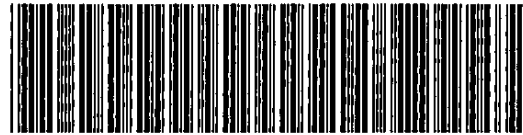
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
06 NOV 20 PM 1:04

J. BRYAN

OCT 25 2006

J. BRYAN NOV 20 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2006

TERESA R. CRAIG
MIAMI BEACH FUNDING, LLC
4923 W. CYPRESS ST. STE B
TAMPA, FL 33607

SUBJECT: MIAMI BEACH FUNDING, LLC
Ref. Number: L06000081314

FILED: STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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We have received your document for MIAMI BEACH FUNDING, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 306A00063413

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI BEACH FUNDING, 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:

TERESA CRAIG

(Name of Person)

MIAMI BEACH FUNDING, LLC

(Firm/Company)

4923 W. CYPRESS ST SUITE B.

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

TERESA CRAIG at (813) 289 5626 (ex 128)
(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 *already paid* ☐ \$55 Filing Fee & Certified Copy

**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: MIAMI BEACH FUNDING, LLC
2. The mailing address of the limited liability company is: 4923 W. CYPRESS ST.
SUITE B
TAMPA, FL 33607
3. Date of filing/registration in Florida AUGUST 17, 2006
4. Document number LOG000081314

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

D'CONNER & Associates
Name
1250 S. BELCHER ROAD, SUITE 160
Address
LARGO, FL 33771
City, State and Zip

6. The name and address of the new registered agent and/or office:

EDGAR E. RENTERIA
Name
4923 W. CYPRESS ST. SUITE B
Florida street address (P.O. Box NOT acceptable)
TAMPA, FL 33607
City, State and Zip

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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]
(Signature of a member or authorized representative of a member)

EDGAR E. RENTERIA
(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]
(Signature of Registered Agent)

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