

FILED
SECRETARY
DIVISION OF CONSUMER AFFAIRS
09 APR 15 PM 12:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI EDS, 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:

ALEXIS PINA-FERNANDEZ
(Name of Person)

MIAMI EDS
(Firm/Company)

7400 SW 109 TER.
(Address)

PINECREST, FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXIS PINA-FERNANDEZ at (305) 336-1277
(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

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.

2. (a) Principal office address of limited liability company: 7400 SW 109 TER.
(Note: **MUST BE STREET ADDRESS**) Pinecrest, FL 33156

(b) Mailing address of limited liability company: 7400 SW 129 TER.
(Note: **MAY BE POST OFFICE BOX**) Alicrest, FL 33156

4. Document number

ALEXIS PINA-FERNANDEZ

7400 SW 109 TER.
Pinecrest, FL 33156

DAVID FERNANDEZ

_____ , FL 19

Alvin P. Fernandez
(Signature of a member or authorized representative of a member)

ALEXIS PINA-FERNANDEZ
(Printed or typed name of signer)

confirm that the limited liability company has been n

 (Signature of Registered Agent)

INHS18 (05/08)