

L06000084491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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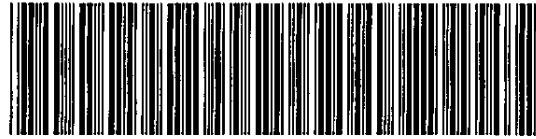
(Business Entity Name)

(Document Number)

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07 JUN -5 AM 11:16
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TALLAHASSEE, FLORIDA

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LAW OFFICES
ALFREDO J. PEREZ, P.A.
ATTORNEYS AT LAW
5805 BLUE LAGOON DRIVE, SUITE 145
MIAMI, FLORIDA 33126

TELEPHONE: (305) 265-0007

E-MAIL: AJPEREZLAW@AOL.COM

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LEGAL STAFF:
JOEY PEREZ, LEGAL ASSISTANT
JANNETTE HERNANDEZ, LEGAL SECRETARY
SANTIAGO ALMAQUER, LEGAL CLERK

ADMITTED TO:
FLORIDA COURTS
UNITED STATES COURT OF APPEALS 11TH CIRCUIT
UNITED STATES COURT OF APPEALS FOR THE ARMED FORCES
UNITED STATES DISTRICT COURT / SOUTHERN DISTRICT OF FL

EMPHASIS ON:

REAL ESTATE, TITLE INSURANCE
PERSONAL INJURY, WRONGFUL DEATH, MEDICAL MALPRACTICE
AUTOMOBILE ACCIDENT AND SLIP & FALL CLAIMS,
PRODUCTS LIABILITY

MEMBER OF:

ATTORNEYS' TITLE INSURANCE FUND

May 29, 2007

Via Certified Return Receipt Mail
7005 0390 0002 5861 9317

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

FILED
07 JUN -5 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

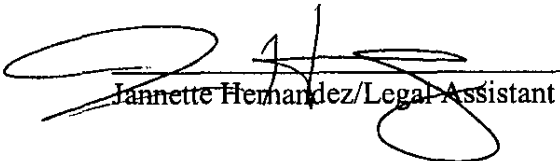
RE: Intrepid 18, LLC

Dear Sir or Madam:

Attached please find Statement of Change of Registered Agent to amend name from Mr. Jose Antonio Lamas to Alfredo J. Perez, P.A. Furthermore, please find draft number 12636 in the amount of Twenty Five Dollars, (\$25.00) for the filing fees.

If you have any further questions, please do not hesitate to contact our office.

Sincerely,


Jannette Hernandez/Legal Assistant

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intrepid 18, 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:

Alfredo J. Perez
(Name of Person)

Alfredo J. Perez, P.A.
(Firm/Company)

5805 Blue Lagoon Drive, Suite 145
(Address)

Miami, FL 33126
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alfredo J. Perez, P.A. at (305) 265-0007
(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

**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: Intrepid 18, LLC
2. The mailing address of the limited liability company is : 1172 South Dixie No.: 519, Coral Gables, FL 33146

08/28/2006

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3. Date of filing/registration in Florida

4. Document number

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

Jose A. Lamas

Name

336 Costa Brava Court

Address

Coral Gables, FL 33143

City, State and Zip

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

Alfredo J. Perez, P.A.

Name

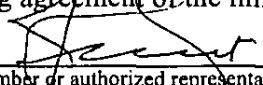
5805 Blue Lagoon Drive, Suite 145

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33126

City, State and Zip

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)

x JOSE A. LAMAS
(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