## LDOCOCATION

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| (Cit             | y/State/Zip/Phone #)            |
| PICK-UP          | WAIT MAIL                       |
| (Bu              | isiness Entity Name)            |
|                  |                                 |
| (Do              | cument Number):                 |
| Certified Copies | Certificates of Status <u>^</u> |
|                  |                                 |

Special Instructions to Filing Officer:

L. SELLERS

JUL: - 2 2009

**EXAMINER** 

Office Use Only



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06/19/09--01028--012 \*\*25.00

FILED

SECRETARY OF STATE

## **COVER LETTER**

**Division of Corporations** Woods Sterling LLC SUBJECT: 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@torresvadillollp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julio Arriaga 305 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **▼** \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section



June 22, 2009

MANUEL VADILLO TORRES AND VADILLO LLP 11402 NW 41ST STREET, STE. 202 MIAMI, FL 33177-8

SUBJECT: WOODS STERLING LLC

Ref. Number: L06000097647

We have received your document for WOODS STERLING 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 109A00021180

Leslie Sellers Regulatory Specialist II

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 4 (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:  | Woods Sterling LLC   |
|--|--|
| 2. (a) Principal office address of limited liability company   | : 62 Indian Trace  |
| (Note: MUST BE STREET ADDRESS)   | suite 154<br>Weston, FL 33326  |
| (b) Mailing address of limited liability company:  |  |
| (Note: MAY BE POST OFFICE BOX)   |  |
| 10/05/06   | L06000097647   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on t   | the records of the Florida Dept. of State:   |
| Registered Agent:  | Eugene Howard Esq  |
| Registered Office Address:   | 62 Indian Trace  |
|  | suite #254<br>Weston, FI 33326   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | Manuel Vadillo, ESC.  11402 NW 41st Street suite 202  Miami, FL 33178  FL  |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the FI and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of affember or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the provisions of all statutes relative to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the proceeding of the obligations of the obligatio | aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization. |
| Division of Corporations, P.O. Box 63:   | 27. Tallahassee. FL 32314  |

**FILING FEE: \$25.00** 

INHS18 (05/08)