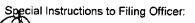
## 10000109770

(Requestor's Name)
(Address)
, and the second
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
•
On the state of th
Certified Copies Certificates of Status



L. SELLERS

JAN \_ 42008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HV realty group, llc	·		
(Name of Limit	ted Liability Company)		
D 6' M 1			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
hairon vasquez			
(Name of Person)			
hv realty group, lic			
(Firm/Company)			
8760 johnson st			
(Address)			
	•		
pembroke pines, florida 33024 (City/State and Zip Code)	<u> </u>		
	·		
For further information concerning this matter, p	lease call:		
	( <u>954</u> ) <mark>675-0393</mark>		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following ar	nount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		



December 11, 2007

HAIRON VASQUEZ 8760 JOHNSON STREET PEMBROKE PINES, FL 33024

SUBJECT: HV REALTY GROUP, LLC

Ref. Number: L06000109770

We have received your document for HV REALTY GROUP, 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.

The registered agent must sign accepting the designation.

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: 507A00069573

Leslie Sellers Regulatory Specialist II

Division of Companytions D.O. DOV 6207 Mallaharras Elavida 20214

## 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.

agent, or boin, in the Sia	ne oj rionaa.				
1. The name of the limit	ed liability company is:	hv realty group, IIc	_		·
2. The mailing address of	of the limited liability co	ompany is: 8760 johnson st			
johnson st pembroke pine					·
11-13-06		L06000109770			
3. Date of filing/registra	tion in Florida	4. Document numbe			
3. Date of ming/registra	mon in riolida	4. Document numbe	1		
5. The name of the regist Florida Department of	tered agent and the regis State:	stered office address as shown on t	he recor	ds of tl	ne
	corporation service	company	•		
		Name			
	1201 hays street		_	21	
Address tallahassee, florida 32301 City, State and Zip					
tallahassee, florida 32301			CRE	<u></u>	1
	City,	State and Zip	H A	72E.	E-contraction of the contraction
6. The name and address	of the new registered ag	gent and/or office:	TARY O	-3 P	
	hairon vasquez		OF STATE	PM 3: 48	
	]	Name	유포	ج	13 A1 B 13 P
	8760 johnson st		<u>S</u> M	ထိ	
	Florida street address	s (P.O. Box NOT acceptable)			
	pembroke pines ,	FL 33024	<del></del>		
	City, S	State and Zip			•
confirmed that after the and the business office of liability company, it is h	change or changes are m of the registered agent we ereby confirmed that the mited liability company	under the laws of the State of Flor nade, the Florida street address of till be identical. Or, in the case of e change(s) was/were authorized b or as otherwise provided in the ary y company.	the regis a Florida y an affi	tered o i limite rmativ	office ed e vote
(Signature of a member or author	orized representative of a member	er)			
hairon vasquez (Printed or typed name of signe	۱۵		•		
` ''	ointment as registered a ons of all statules relative nd accept the obligation this document is being that the limited liability	gent and agree to act in this capa e to the proper and complete perfo is of my position as registered age filed to merely reflect a change in ty company has been notified in w	city. I fu ormance nt as pro the regi riting of	of my of my ovided stered this ch	igree to duties, for in office iange.

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