

LOG 000 110646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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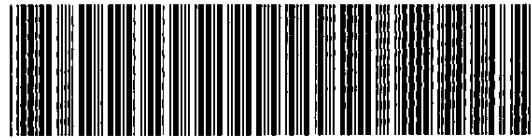
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

NOV 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2010

PETER DUARTE
21953 SW 128 AVE
MIAMI, FL 33170

SUBJECT: NEW DAWN ACQUISITIONS, LLC
Ref. Number: L06000110646

We have received your document for NEW DAWN ACQUISITIONS, 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):

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 710A00026700

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

25 NOV 19 PM 1:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW DAWN ACQUISITIONS, 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:

PETER DUARTE
Name of Person

Firm/Company

21953 SW 128 AVE
Address

MIAMI, FLORIDA, 33170
City/State and Zip Code

pduarte48@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER DUARTE at (305) 525-8843
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

FILED
2009 NOV 19 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: NEW DAWN ACQUISITIONS, LLC

2. (a) Principal office address of limited liability company: 21953 SW 128 AVE

(Note: **MUST BE STREET ADDRESS**)

MIAMI, FLORIDA, 33170

(b) Mailing address of limited liability company: 21953 SW 128 AVE

(Note: **MAY BE POST OFFICE BOX**)

MIAMI, FLORIDA, 33170

11/15/2006

L06000110646

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

PETER DUARTE

Registered Office Address:

13221 SW 216 TERR
MIAMI, FL. 33170

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

21953 SW 128 AVE

MIAMI, FL 33170

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

PETER DUARTE

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