L04000118177

Office Use Only



000109875760

09/26/07--01027--008 **25.00

SECRETARY OF STATE OF CORPORATIONS



COVER LETTER

	TO: Registration Section Division of Corporations					
•						
,	SUBJECT: La Gitana Marisol					
•	. 1	Name of Limited Liability Company)				
	Dear Sir or Madam:					
	The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:					
	Carlos A. Ziegenhirt, Esq.					
	(Name of Perso	n)				
	,	O7 SEP 26				
		Stern				
	Carlos A. Ziegenhirt, P.A.					
	. (Firm/Compan) o cc				
		P RP				
	150 Alhambra Circle, Suite 12	40 PH 2: 40				
	(Address)	2: 40 Stions				
	(-22233)	0 %				
	Coral Gables, FL 33134					
	(City/State and Zip	Code)				
	To a Contlantia Commentian and annia	- 41-i				
	For further information concerning	this matter, please can.				
	Carlos A. Ziegenhirt, Esq.	at (305) 443-7800				
	(Name of Person)	(Area Code & Daytime Telephone Numbe				
	,	• • •				
		•				
	STREET/COURIER ADD					
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circl	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301					
	Enclosed is a check for t	ne following amount:				

☐ \$55 Filing Fee & Certified Copy

✓ \$25 Filing Fee

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 own, in the blat	0 0, 1 10, 100.					
1. The name of the limite	d liability cor	npany is: La	a Gitana Marisol Cafe, LLC			
2. The mailing address of the limited liability company is : 10051 SW 48th Street, Miami, FL 33165						
J		, ,				
12/12/2006			L06000118177			
3. Date of filing/registrat	ion in Florida		4. Document	number		
5. The name of the register Florida Department of		l the register	ed office address as show	n on the records of the		
•	Diana Juno	quera		<u></u>		
	40054 014/4		ame .	_		
	10051 SW 4		dross	al-arina		
Address Miami, FL 33165						
	, , , , , , , , , , , , , , , , , , ,		ite and Zip	- 0. 014"		
6. The name and address of the new registered agent and/or office:						
	Daniel I Va		•	P 2 PATE		
Daniel J. Velazquez Name 1031 NW 23rd Street						
	Name 1031 NW 23rd Street					
	Florida street address (P.O. Box NOT acceptable)					
	N diament			of O State		
	Miami,		SL 33127			
		City, State	e and Zip			
and the business office of liability company, it is he of the members of the lir or the operating agreemen	hange or chan	iges are made	e, the Florida street addre	ess of the registered office		
_ Waraf Or	oveler	<u>. </u>				
(Signature of a member or aut for	ized representative	e of a member)				
(Printed or typed name of signee	OQUERA	·				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agrhi)	intment as reg is of all statut id accept the d this document i that the limit	gistered agen es relative to obligations o is being file ted liability c	nt and agree to act in this the proper and complet f my position as register d to merely reflect a cha company has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in age in the registered office d in writing of this change.		

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