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## BOFILL & VILAR

ATTORNEYS AT LAW

CONCORD BUILDING  
66 WEST FLAGLER STREET  
SUITE 500  
MIAMI, FL 33130  
TEL: (305) 374-6667  
FAX: (305) 374-6668  
BVLAW@BVLAW.COM  
WWW.BVLAW.COM

July 30, 2007

**Via U.S. Mail**

Registration section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: EUROCELL GROUP, LLC and UNITOURS USA, LLC**

**Matter:** Cover letter and Request for changes

To whom it may concern:

Enclosed please find the original cover letter for Eurocell Group, LLC and the original cover letter for Unitours USA, LLC with a check made payable to the Division of Corporations in the amount of \$50.00 for the changes requested. Please make the requested changes as soon as possible.

Thank you for your anticipated attention in this matter.

Sincerely,



Patrick Vilar, Esq.

PV/pv

CC: Favio Zuago, File  
Enclosures: As stated

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EUROCELL GROUP, 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:

PATRICKVILAR, ESQ.  
(Name of Person)

BOFILL & VILAR, P.A.  
(Firm/Company)

66 W. FLAGLER STREET, SUITE 500  
(Address)

MIAMI, FLORIDA 33130  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICKVILAR, ESQ. at ( 305 ) 374-6667  
(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

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**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: EUROCELL GROUP, LLC

2. The mailing address of the limited liability company is : 66 W. FLAGLER STREET, SUITE 500

MIAMI, FLORIDA 33130

03/02/2007

L07000023736

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:

FAVIO ZUAZO, SATURNINO

Name

5880 COLLINS AVE., STE 504

Address

MIAMI, FLORIDA 33140

City, State and Zip

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

BOFILL & VILAR, P. A.

Name

66 W. FLAGLER STREET, SUITE 500

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

MIAMI

FL 33130

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)

PATRICKVILAR, ESQ.

(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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