

07000038854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

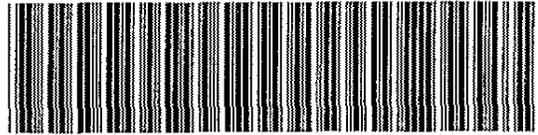
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2007

ESTEBAN TETTAMANTI
738 NE 125TH ST
N MIAMI, FL 33161

SUBJECT: INEXORABLE LLC
Ref. Number: W07000043477

We have received your document for INEXORABLE 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 907A00052599

2007 SEP -6 PM 3:37

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INEXORABLE
(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:

ESTEBAN TETTAMANTI
(Name of Person)

INEXORABLE LCC
(Firm/Company)

738 NE 125TH STREET
(Address)

NORTH MIAMI, FL 33161
(City/State and Zip Code)

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2007 SEP -6 PM 3:37
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ESTEBAN TETTAMANTI at (305) 892 4415
(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

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: INEXORABLE HOSPITALITY LLC

2. The mailing address of the limited liability company is: 738 NE 125TH STREET
NORTH MIAMI, FL 33161

4/10/2007

L07000038854

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:

LOSADA, JOELYN

Name

13499 BISCAYNE BLVD SUITE 1001

Address

NORTH MIAMI, FL 33181

City, State and Zip

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

ESTEBAN TETTAMANTI

Name

738 NE 125TH STREET

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

NORTH MIAMI FL 33161

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]
(Signature of a member or authorized representative of a member)

ESTEBAN TETTAMANTI

(Printed or typed name of signer)

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]
(Signature of Registered Agent)

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