

LO7000072720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

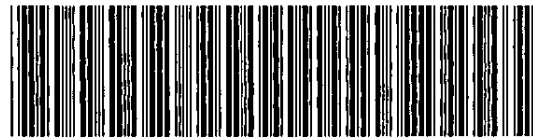
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED,
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12 JUL 18 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 19 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2012

ROSA FERNANDEZ
2475 SW 22 AVE
MIAMI, FL 33145

SUBJECT: EL AVILA CHILD DEVELOPMENT CENTER, LLC
Ref. Number: L07000072720

We have received your document for EL AVILA CHILD DEVELOPMENT CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 212A00018423

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TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Avila Child Development Center 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:

Rosa Fernandez

Name of Person

El Avila Child Development Center LLC

Firm/Company

2475 SW 22 Ave

Address

Miami FL 33145

City/State and Zip Code

rosafd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Fernandez

Name of Person

at (786) 395 3883

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

(\$20 check enclosed,
\$35 check previously sent with
incorrect form)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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: El Avila Child Development Center

2. (a) Principal office address of limited liability company: 2485 SW 22 Ave
Miami FL 33145
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2485 SW 22 Ave
Miami FL 33145
(Note: MAY BE POST OFFICE BOX)

July 13, 2007
3. Date of filing/registration in Florida

L07000072720
4. Document number

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

Registered Agent:

Corporate Creations Internat. INC

Registered Office Address:

11380 Prosperity Farms Rd # 221E
Palm Beach Gardens,
FL 33410

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

NEW Registered Agent:

Rosa Fernandez

NEW Registered Office Address:

2475 SW 22 Ave

(MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33145

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

Rosa Fernandez

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 of Registered Agent

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

FILING FEE: \$25.00

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