L07000072720

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
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D. BRÜCE
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

www.sunbiz.org

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 COSO F CZ Q gmail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Rosa Ternande Z at (786) 3953883 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		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{\$\subset}\$\$ \$55 Filing Fee & Certified Copy		
\$25 Filing Fee \$\square \text{\$55 Filing Fee & Certified Copy} \\ (\$20 check enclosed, \\ \$35 check previously sent with \\ (\$20 check previously sent with \\ (\$25 check previously sent with \\\ (\$25 check previously sent with \\\ (\$25 check previously sent with \\\\)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company: El Avila	Child Development Center
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	MIGMI FZ 33145
(b) Mailing address of limited liability company:	2485 SW 22 AVE
(Note: MAY BE POST OFFICE BOX)	MIAMI FL 33145
July 13, 2007 3. Date of filing/registration in Florida	<u>L07000072720</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Corporate Creations Internat. In
Registered Office Address:	11380 Prosperity Farms Rd # 22 Palm Beach Gardens, FL 33410
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Rosa Fernandez
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2475 SW 22 Ave
	MIAMI ,FL 33145
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member ROSA Femance Printed or typed name of signee	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of 3rganization

I hereby accept the appointment as registered agent and agree to act in this capacity. Thirther 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