

LO7000077819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO7-77819

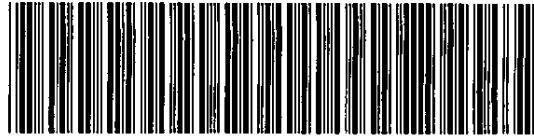
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Colligan JUN 16 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2008

ANAYA LIMA
225 HARBOR DRIVE
KEY BISCAYNE, FL 33149

SUBJECT: IFA INVESTMENT FUND ABA, LLC
Ref. Number: L07000077819

We have received your document for IFA INVESTMENT FUND ABA, 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 208A00024887

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IFA Investment Fund ABA, 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:

ANAYA Lima

(Name of Person)

IFA Investment Fund ABA, LLC

(Firm/Company)

225 Harbor Dr Key Biscayne FL

(Address)

Mia, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

ANAYA Lima

(Name of Person)

at (786) 879 6950

(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: IFA Investment Fund ABA, LLC
2. The mailing address of the limited liability company is: 225 HARBOR DR
KEY BISCAINE, MIAMI, FL 33149

6-6-08

LO70000778119

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:

IRVING J GONZALEZ ESQ
Name
80 SW 8th Street 1710
Address
Miami - Florida 33130
City, State and Zip

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

ANAYA LIMA
Name
225 HARBOR DR Key Biscayne
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33149
City, State and Zip

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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)

ANAYA LIMA
(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.

Bernardo
(Signature of Registered Agent)

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

FILING FEE: \$25.00