## L07000000375

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| THORSE WALL                             |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Certificates of Status                  |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
| A. LUNT                                 |  |  |
| OCT <b>28</b> 2008                      |  |  |
| EXAMINER                                |  |  |
|   |  |  |

Office Use Only



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SECRETARY OF STATE

FILED

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |                      |     |
|--|---|----------------------|-----|
| SUBJECT: Humasan L.L.C. (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  | g this matter to the following:   |                      |     |
| Jose E. Humaran  |   | . ~                  | ,   |
| (Name of Person)   | ALL ALLE  |                      | - 1 |
| Humasan L.L.C. (Firm/Company)  | HASSEE,   | 2008 OCT 27 PM 2: 50 |     |
| 17302 NW 74 Ave Unit#102   | F SIAI  | H 2: 5               | C   |
| (Address)  |   | 1 0                  |     |
| Miami, FL 33015  |   |                      |     |
| (City/State and Zip Code)  |   |                      |     |
| For further information concerning this mat  | tter, please call:  |                      |     |
| Jose E. Humaran  | at ( 305 ) 610-6597   |                      |     |
| (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 followi  | ing amount:   |                      |     |
| □ \$25 Filing Fee  | ☑ \$55 Filing Fee & Certified Copy  |                      |     |

INHS18 (5/08)

## 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.

| 3   |   |   |                        |
|---|---|---|------------------------|
| Name of the limited liability company: Humasan L.L.C.   |   |   |                        |
| 2. (a) Principal office address of limited liability compared ( <i>Note: MUST BE STREET ADDRESS</i> )   | ny: <u>17302 NW 74 Ave Unit</u><br>Miami, FL 33015  | ¥102  | _ <b>+</b>             |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 17302 NW 74 Ave Unit#<br>Miami, FL 33015  | <del>‡</del> 102  | - G<br>- G             |
| 10/02/2007  | L07000100375  |   |                        |
| 3. Date of filing/registration in Florida   | 4. Document number  |   | -<br>·<br>·            |
| <ol> <li>(a) Registered Agent and Registered Office shown of<br/>Registered Agent:</li> </ol>   | n the records of the Florida  |   | 7                      |
| Registered Office Address:  | 13302 NW Winding Oaks<br>Suite A-100<br>Tampa, FL 33612-3425 L  | BLVD SEE PA   | LEO.                   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>  | EW Registered Office ad   | 为马 US   |                        |
| NEW Registered Agent:   | Jose E. Humaran   |   | _ 🖽                    |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 17302 NW 74 Ave Unit#1  | 102   | <b>_</b>               |
| <del></del>   | Miami   | <b>,</b> FL <u>33015</u>  | <del>-</del>           |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of member or authorized representative of a member) | eet address of the registere<br>case of a Florida limited l   | ed office and the busing the busing the company of | ness<br>s              |
| (Signature of a member)   |   |   |                        |
| Jose E. Humaran (Printed or typed name of signee)   | <u> </u>  |   |                        |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific (Signature of Registered Agent)  | agree to act in this capac<br>roper and complete perfo<br>n as registered agent as p<br>a change in the registered<br>ed in writing of this chang | ity. I further agree to<br>rmance of my duties,<br>rovided for in Chapte<br>office address, I here<br>e.  | and I<br>er 608,<br>by |
| (Organismo of Tyoglaterou regain)   |   |   |                        |

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