## L07000105572

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(Address)	
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PICK-UP WAIT MAIL	
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L07-105572 Change of RA

11/04/08--01050--010 \*\*25.00

SECRETARY OF STATE AND MINASSEE, FLORIDA

N. CAUSSEAUX

NOV 5 2008

**EXAMINER** 

## 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:Alical	MR WINES, LLC	
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	COTAL GABLES, PERSON	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	391 Isia Dorada BITA 5 TI Coral Gables, FL 33134 5 TI	
10/17/2007  3. Date of filing/registration in Florida	L07000105572 55 5 4. Document number 57 8	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Registered agent corp. services, inc	
Registered Office Address:	355 Alhambra Circle Suite 801 Coral Gables, FL33134	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	1st Pegister Agent services. Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S.E 2nd St. Suite 2400 MIAMI ,FL 33131	
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 aythorized representative of a member)		
(Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the fimiled habitity company has been notified (Signature of Registered Agent)	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby I in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00** 

INHS18 (05/08)

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: <u>Alicante</u> (Name	Wines, LLC e 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	ng this matter to the following:
Jorge R. Salcado (Name of Person)	
Diaz, Peus Farg, LL (Firm/Company)	<u>P</u>
100 S.E. 2nd St., Suit	C 2400
Miami, FL 33B1 (City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Jorge P. Salcedo (Name of Person)	at (305) 375 9220 (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 follow	ing amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy