## L07000105575

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(R	equestor's Name)			
(A	ddress)			
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(A)	ddress)	,		
(C	ity/Stat <b>e/Zip</b> /Phone #)			
PICK-UP	WAIT	MAIL		
(B)	usiness Entity Name)			
(2.	usiness Entity Harrier			
. (D	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:	i		
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Office Use Only



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SECRETARY OF STATE OF CORPUSATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
:			
SUBJECT: Home Vultures LLC			
	Limited Liabili	ty Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning	a this matter to t	he following:	
r rease retain an correspondence concerning	5 mis matter to t	no tonowing.	
	t .		
Leonardo Clavel		_	
(Name of Person)			
Home Vultures LLC			
(Firm/Company)		<del>-</del>	
·			
2699 Stirling Road A 304		_	
(Address)			
Fort Lauderdale, Florida 33312		.*	
(City/State and Zip Code)		<u>-</u>	
For further information concerning this mat	ter, please call:		
	,		
Leonardo Clavel	_ at ( <u>954</u>	964-3363	
(Name of Person)	(4	Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	LING ADDRESS: stration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	1 ana	nassee, Plottua 32314	
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

HOME VULTURES LLC . 1420 S Federal Highway Dania Beach, Florida 33004

January 2<sup>nd</sup>, 2008

Dear Sir/Madam:

Please find enclosed the prior documents filed in November, 2007 with copy of check attached this check has not yet cleared our account this might be the delay in the record not showing up. Also here is the current changes the address and the President and Vice President are assigned as of this change being paid with check number 1038.

Should you haver any questions please contact Kevin at 954-624-5570.

Thank you in advance

Kevin Kasheve



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2007

LEONARDO CLAVEL 2699 STIRLING RD A 304 FT LAUDERDALE, FL 33312

SUBJECT: HOMEVULTURES LLC Ref. Number: L07000105575

We have received your document for HOMEVULTURES LLC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$6.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 307A00064669

## 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 l	iability company i	is: Home	Vultures LLC			·
2. The mailing address of th	e limited liability	company	is : 2699 Stir	ling Road A 304		
Fort Lauderdale, Florida 33312	2					
October 17th 2007			L07000	105575		
3. Date of filing/registration in Florida		4. Document number				
5. The name of the registered Florida Department of Sta	l agent and the reg	gistered of	ffice address	as shown on the re	cords of the	е
•	ein Mohammad					
		Name			0	9
26	699 Stirling Road	A 304			,80	<u>≲</u> Ω
_		Addres	5		JAN	<u>\$</u> \$
Fo	Fort Lauderdale, Florida 33312			J	97. 	
	City	y, State ar	id Zip	····	Ò	220
6. The name and address of t	he new registered	agent and	Vor office:		AM 10:	OF ST
Le	onardo Clavel				=	
		Name			4	SKOI
· <u>26</u>	99 Stirling Road A	304				
F	lorida street addre	ss (P.O. I	Box NOT acc	ceptable)		
Fo	rt Lauderdale	FL	33312			
	City,	State and	Zip			
If the limited liability compar	ny is not organized	d under th	e laws of the	State of Florida, it	is hereby	

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.

Charles	_
(Signature of a member of authorized representative of a member)	

William B. Cox

(Printed or typed name of signee)

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