

**L07000122901**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

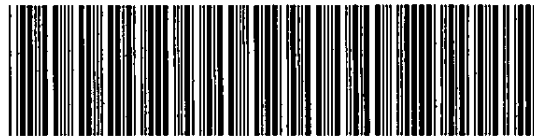
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**600131648626**

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06/25/08--01010--009 \*\*25.00

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FILED  
08 JUL 18 PM 3:56  
TALLAHASSEE, FLORIDA

RA chg.

SP 7/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2008

LEONARDO BORRAZA  
CONTROL NEXUS LLC  
533 E. 22ND STREET #6  
HIALEAH, FL 33013

SUBJECT: CONTROL NEXUS LLC  
Ref. Number: L07000122901

We have received your document for CONTROL NEXUS LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The resignation must be signed by the resigning agent. Also as the fee to resign as agent of an active limited liability company is \$85, an additional fee of \$60 is due.

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) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 408A00038791

RECEIVED  
2008 JUL 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

26-1560535

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Control Nexus LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonardo Borraza  
(Name of Person)

Control Nexus LLC  
(Name of Firm/Company)

533 E. 22nd Street - # 6  
(Address)

Hialeah, FL 33013  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leonardo Borraza at ( 305 ) 546-8796  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2008

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Susan Payne  
Senior Section Administrator

Letter Number: 408A00038791

**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: Control Nexus LLC

2. (a) Principal office address of limited liability company: 533 E. 22ND ST  
#6  
HALEAH FL 33013  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: \_\_\_\_\_  
**(Note: MAY BE POST OFFICE BOX)**

3. Date of filing/registration in Florida: 12/11/07

4. Document number: 60700012200

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Business Filings Incorporated

Registered Office Address: 1203 Governors Square Blvd Suite 101  
Tallahassee, FL 32301-2960

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** LEONARDO BORRAZA

**NEW Registered Office Address:** 533 E 22ND ST  
#6  
HALEAH, FL 33013  
**(MUST BE FLORIDA STREET ADDRESS)**

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.

LEONARDO BORRAZA  
(Signature of a member or authorized representative of a member)

LEONARDO BORRAZA  
(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.

LEONARDO BORRAZA  
(Signature of Registered Agent)

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