L09000018625

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	<i>≠</i> #)
<u></u>	WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100256243041

02/04/14--01024--003 **470.00

B. BOSTICK
MAR 24 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 900 DETAIL Name of Limit	104 LLC ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JOSE F PENA Name of Person		
GOO RETAL 104, LCC Firm/Company		
900 BISCAYNE BUD #	105	
MIAMI FC 33132 City/State and Zip Code	 	
The Na 900 @ 9 mail (617) E-mail address: (to be used for future annual report notification)	ation)	
For further information concerning this matter, p	lease call:	
TOSE F PENA at at a	(305) 321-5865 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 ar	nount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (12/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: 906	O ZETAIL 104, LIC
2. (a) Principal office address of limited liability compa	any: 900 BISCAYNE BCUD #105
(Note: MUST BE STREET ADDRESS)	HIAMI FC 33137
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOUE
, ,	
02/21/2008	L08000018625
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	PRIVE CONSULTING GROUP, LLC
Registered Office Address:	900 BISCAYNE BLUD 405
	MIAMI LE 33/32
•	
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:
NEW Registered Agent:	JOSE F RENA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	900 BISCAYNE BLUD #105
Medi Be i Benien di Masi i Mas	,FL 33/32
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company than the change the operating agreement of the limited liability company	e Florida street address of the registered office
/ wie	5.00 1.70
Signature of a member or authorized representative of a member	· : 3 · · .
Antonio MAGRANET	
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, IJS. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of nividuties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Rogistered Agent	
Division of Corporations, P.O. Box	



February 5, 2014

JOSE F. PENA 900 RETAIL 102, LLC 1395 BRICKELL AVENUE #3301 MIAMI, FL 33131

SUBJECT: 900 RETAIL 104, LLC Ref. Number: L08000018625

We have received your document for 900 RETAIL 104, LLC and your check(s) totaling \$470.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 014A00002673