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0800051340		
(Requestor's Name) (Address) (Address)	800145508288	
(City/State/Zip/Phone #)	03./12./0901013008 **25.00	
Certified Copies Certificates of Status	FILE DI PHILE DI TALLAHASSEE. FLORIDA	
Office Use Only	T. CLINE MAR 2.0 2009 EXAMINER	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2009

MARILYN HERNANDEZ 550 11TH STREET, SUITE 113 MIAMI BEACH, FL 33139

SUBJECT: FLORIDA ELITE GROUP, LLC Ref. Number: L08000051340

We have received your document for FLORIDA ELITE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 209A00008676

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COVER LETTER

TO:	Registration Section	
	Division of Corporations	

Florida Elite Group, LLC (Name of Limited Liability Company) SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Hernandez (Name of Person) Florida Elite Group, LLC 550 11th Street, Suite 113 Miani Beach, FL. 33139 (City/State and Zin Code)

For further information concerning this matter, please call:

Marilyn Hernandez at (305) 538-6140 (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 following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OF FICE 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: Floric	la Elite Group, LLC.	
 (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>) 	y:	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
5-22-08 3. Date of filing/registration in Florida	L 08 0000 51 340 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Marilyn Hernandez	
Registered Office Address:	605 Lincoln Poad, Sv. te 301 Miani Beach, FL. 33139	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address: Por	
<u>NEW</u> Registered Agent:	Marin Herrordec	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Miami Beach FL 33FB9	
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, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the 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 authorized representative of a member) (Signature of a member or authorized representative of a member) (Printed or typed name of signce) 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 amiliar with and accept I me 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 united liability company has been notified in writing of this change.		

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

INHS18 (05/08)

(Signature of Registered

Agent