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SECRETARY OF STATE SECRETARY OF SECRETAR

J. BRYAN

JUL 2 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			·
	Ţ	,	
SUBJECT: FLAG	AMI PROPE	RTIES LLC	,
Name of	Limited Liabilit	y Company :	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change a	nd fee(s) are sul	omitted for filing.
Please return all correspondence concerning	this matter to t	he following:	in the second se
JOAQUIN VALOR JR.		ħ .	
Name of Person			
ELACANA DECENTIES LA	•	1	TALL SE
FLAGAMI PROPERTIES LI Firm/Company	<u>.C</u>		CS L
·			L 23 ETAR HASS
		•	
10281 N.W. 52ND LANE		•.	F 3
Address	. "7	4	PM 12: 33 OF STATE EE, FLORIC
		e • • •	RE 33
DORAL, FLORIDA 33178	<u> </u>	•	-17-
City/State and Zip Code			
JACKVALOR1@MSN.CO	M	· ·	
E-mail address: (to be used for future annual report	notification)		
For further information concerning this mat	ter, please call:		
JOAQUIN VALOR	205	. 7	70 2046
Name of Person	_ at (<u>305</u> ,	rea Code & Daytime	78-2916 Telcohone Number
		-	,
STREET/COURIER ADDRESS:		LING ADDRES	S:
Registration Section Division of Corporations		tration Section ion of Corporation	ne
Clifton Building		Box 6327 ;	
2661 Executive Center Circle		hassee, Florida 32	314
Tallahassee, Florida 32301		;	•
Enclosed is a check for the followi	ng amount:		
\$25 Filing Fee		Filing Fee & Co	ertified Copy

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.

Name of the limited liability company:	FLAGAMI PROPERTIES LLC
2. (a) Principal office address of limited liability com	pany: 10281 N.W. 52ND LANE
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10281 N.W. 52ND LANE
	L08000051723
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:	JOAQUIN VALOR
Registered Office Address:	15527 S.W. 18TH STEWN MIAMI, FLORIDA 33185
	SH W
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address
NEW Registered Agent:	JOAGOIN VALOR 32 63
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10281 N.W. 52ND LANE
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote
Signature of a member of authorized representative of a member	
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all slatules relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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

Signature of Registered Ager