#108000085329

(Re	equestor's Name)	
(Ad	ldress)	
	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	-	
Special Instructions to	Filing Officer:	
		-

Office Use Only



700213358427

10/20/11--01031--012 **350,00

FILED

11 001 20 PH 2: 58

K. SALY EXAMINER OCT **2 1** 2011

COVER LETTER

Division of Corporations			
SUBJECT: 1401-12 AVE, Name of Lim	LLC		
Name of Lim	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
•			
Carlos Alonso			
Name of Person			
			
Firm/Company			
6910 NW 29th. Ct.			
Aumess			
Manuala El 22002			
Margate,FL. 33063 City/State and Zip Code			
ony, sano and only cons			
camyralonso@bellsouth.net			
carnyralonso@bellsouth.net E-mail address: (to be used for future annual report notifi	cation)		
For further information concerning this matter,	please call:		
,			
Carlos Alonso	(954)326-6977		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ANDDESS.		
Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified 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.

1. Name of the limited liability company: 1401-	12 AVE.	LLC.	
2. (a) Principal office address of limited liability compan	y:	6910 NW 29th. Ct	
(Note: MUST BE STREET ADDRESS)	Margate,FL.3	3063	<u> </u>
(b) Mailing address of limited liability company:			<u> </u>
(Note: MAY BE POST OFFICE BOX)	Same as above	ve V	20 814
SEPT. 08, 2008	L0800	0085329	نئ
3. Date of filing/registration in Florida	4. Document nu	ımber	30
5. (a) Registered Agent and Registered Office shown on	the records of the	e Florida Dept. of Sta	te:
Registered Agent:	The Law Offic	es Of Nick Spradlin	PLLC
Registered Office Address:	12000 N. Dale Tampa,FL.336	Mabry Highway#1	10
NEW Registered Agent: NEW Registered Office Address:	Carlos Alonso		
(MUST BE FLORIDA STREET ADDRESS)	Margate	,FL33(063
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street addre	ess of the registered o	ffice
Signature of a member of authorized representative of a member			
Myriam Alonso Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proad and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is peing filed to mead address, I hereby confirm may the limited liability company	gree to act in this per and complete sition as registere rely reflect a char has been notified	capacity. I further a e performance of my c ed agent as provided f nge in the registered c d in writing of this ch	gree to luties, for in office ange.
Signature of Registered Agent			

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