# LD8000096559

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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### FILING CANCELLED RETURNED CHECK

12 APR 19 PH 2: 22 SECRETARY OF STATE TAIL AHASSEE, FLORID

C. LEWIS APR 2 0 2012 EXAMINER

#### COVER LETTER

TO: Registration Section	<b>*</b>	
Division of Corporations		
SUBJECT: PUERTO DELICIOUS LLC		
Name of Limited Liability Company		
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:		
Jose R. Gutierrez-Fabres		
Name of Person	<del></del>	
Puerto Delicious LLC		
Firm/Company		
611 South Palmway		
Address		
Lake Minth Florida 22460		
Lake Worth, Florida, 33460 City/State and Zip Code		
City/state and Zip Code		
100 100 11		
jr99air@sympatico.ca E-mail address: (to be used for future annual report notificat	ion	
E-man address. (to be used for future armual report normeat	iou)	
For further information concerning this matter, please call:		
•		
Land D. O. Comp. E. Land		
Jose R. Gutierrez-Fabres at (	416 ) 816-7022	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	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:		
<u></u>		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

### FILING CANCELLED RETURNED CHECK

## RETURNED CHECK 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: P	UERTO DELICIOUS LLC	
2. (a) Principal office address of limited liability company	: 611 South Palmway	
(Note: MUST BE STREET ADDRESS)	Lake Worth, Florida, 33460	
(b) Mailing address of limited liability company:	same as above	
(Note: MAY BE POST OFFICE BOX)	SECULAR	
10/13/2008	L08000096559 75	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t Registered Agent:	he records of the Florida Dept of State:	
•		
Registered Office Address:	611 South Palmway Lake Worth, Florida	
	33460 USA	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	V Registered Office address:  Jose R. Gutierrez-Fabres  same as before:	
(MUST BE FLORIDA STREET ADDRESS)	611 South Palmway	
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.  Signature of a member or authorized representative of a member		
Jose R. Gutierrez-Fabres  Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Signature of Registered Agent  Division of Corporations, P.O. Box 632	7. Tallahassee. FL 32314	

**FILING FEE: \$25.00**