

208000098503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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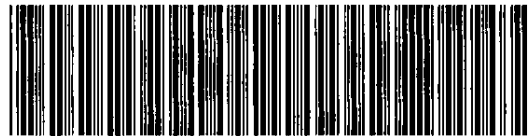
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OCT 19 2010

EXAMINER

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2010 OCT 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALFONSI & RAMOS 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:

GUSTAVO RAMOS

Name of Person



Firm/Company

4940 FISHERMAN DR APT B

Address

COCONUT CREEK, FL, 33063

City/State and Zip Code

ALFONSIRAMOSLLC@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO RAMOS

Name of Person

at (305)

731-1242

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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TALLAHASSEE, FLORIDA

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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: ALFONSI & RAMOS LLC

2. (a) Principal office address of limited liability company: 4940 FISHERMAN DR APT B



(Note: **MUST BE STREET ADDRESS**)

COCONUT CREEK, FL, 33063

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

4940 FISHERMAN DR, APT B

COCONUT CREEK, FL, 33063

10-13-2010

3. Date of filing/registration in Florida

4. Document number

L080000985593

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

GUSTAVO RAMOS

Registered Office Address:

2150 NE, 171 ST NORTH MIAMI BEACH
33162

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4940 FISHERMAN DR, APT B

COCONUT CREEK

,FL 33063

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

GUSTAVO RAMOS

Printed or typed name of signer

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 am familiar with and accept the 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 limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00