

LO9000008039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

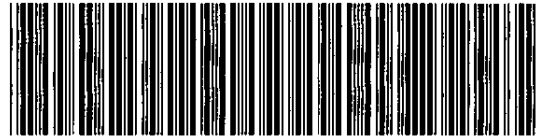
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900149621969

04/15/09--01003--027 **55.00

FILED
09 APR 15 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIZCAYA CONCIERGE SERVICES, 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:

Ms. KAREN BELL
(Name of Person)

VIZCAYA CONCIERGE SERVICES, LLC
(Firm/Company)

3535 HIAWATHA AVENUE
(Address)

COCONUT GROVE, FLORIDA, 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN BELL at (954) 804 1020
(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

