LD900000323

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COVER LETTER

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Division of Corporations		
SUBJECT: CABRERA FAMILY TF		
(Name	e 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 concernin	ig this matter to the following:	
Robert Payne		
(Name of Person)		
International Tax Consultants, LLC		
(Firm/Company)		
P.O. Box 822282		
(Address)		
South Florida, FL 33029		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Robert Payne	at (
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing 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.

in the state of Prortag.	
1. Name of the limited liability company: <u>CABRERA</u>	FAMILY TRUST, LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: <u>5625 SW 62ND Avenue</u> <u>Miami, FL 33143</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5625 SW 62ND Avenue Miami, FL33143
February 2, 2009	L09000010323
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:	Marco Cabrera
Registered Office Address:	6523 SW 62ND Avenue Miami, FL 33143
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5625 SW 62ND Avenue Miami,FL 33143
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed address of the registered office and the business are of a Florida limited liability company, it is
Marco Cabrera (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 promotion of all statutes relative to the promotion f.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	LECR LLA
Division of Corporations, P.O. Box	(207 Tallahaman Dr 20214 20 1 *****
FILING FEE	UJZ/, Tallallassee, The JZJIT UJZ UJ

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