

109000022943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. BRUCE

APR 17 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L.U.Z 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:

LUZ FERRERA  
(Name of Person)

L.U.Z SERVICES , LLC  
(Firm/Company)

7955 WEST 29 WAY APT 202  
(Address)

HIALEAH , FL 33018  
(City/State and Zip Code)

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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

LUZ FERRERA at ( 786 ) 473 0728  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2009

LUZ FERRERA  
7955 WEST 29 WAY APT 202  
HIALEAH, FL 33018

SUBJECT: L.U.Z SERVICES , L.L.C  
Ref. Number: L09000022943

FILED  
09 APR 16 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for L.U.Z SERVICES , L.L.C, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 809A00011664

**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: L.U.Z SERVICES, LLC

2. (a) Principal office address of limited liability company: 7955 WEST 29 WAY APT 202  
(Note: **MUST BE STREET ADDRESS**) HIALEAH, FL 33018

(b) Mailing address of limited liability company: 7955 WEST 29 WAY APT 202  
(Note: **MAY BE POST OFFICE BOX**) HIALEAH, FL 33018

03/09/2009 L09000022943  
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: LUZ ORTIZ

Registered Office Address: 7955 WEST 29 WAY APT 202  
HIALEAH, FL 33018

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

**NEW** Registered Agent: LUZ FERRERA

**NEW** Registered Office Address: 7955 WEST 29 WAY APT 202  
(**MUST BE FLORIDA STREET ADDRESS**) HIALEAH, FL 33018  
, FL

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.

LUZ FERRERA  
(Signature of a member or authorized representative of a member)

LUZ FERRERA  
(Printed or typed name of signee)

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.

LUZ FERRERA  
(Signature of Registered Agent)

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