

LO9000026495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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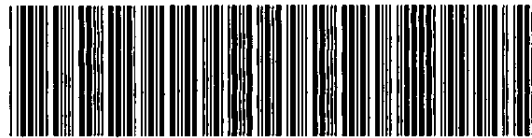
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 31 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MI SALES FORCE  
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:

RAUL MASTRAPA  
Name of Person

MI SALES FORCE  
Firm/Company

1950 W 56 ST, APT 2302  
Address

HIALEAH, FL 33012  
City/State and Zip Code

raulsmastropa@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANA MASTRAPA at (786) 512-7335  
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

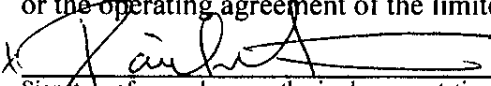
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

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: MI SALES FORCE
2. (a) Principal office address of limited liability company: 1950 W. 56th St, Apt 2302  
☐ Hialeah, FL 33012  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 7901 Hispanola Ave  
☐ Apt- 1401  
(Note: **MAY BE POST OFFICE BOX**)  
NORTH Bay Village, FL  
33141  
3/18/2009  
LO9000026495
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: RAUL MASTRAPA  
Registered Office Address: 555 NE 34th St. 701  
Miami, FL 33137
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Agent: RAUL MASTRAPA  
**NEW** Registered Office Address: 1950 W 56th St. 2302  
(**MUST BE FLORIDA STREET ADDRESS**) Hialeah, FL 33012

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

RAUL S. MASTRAPA  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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**

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