

L09000079276

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAX IN the GROVE LLC
Name of Corporation LLC

DOCUMENT NUMBER: LO90000 79276

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA CASTRO
Name of Contact Person

MAX IN the GROVE LLC
Firm/Company

5959 COLLINS AVE Apt 908
Address

MIAMI BEACH, FL 33140
City/State and Zip Code

castledesigns1@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA CASTRO at (305) 542-5023
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: MAX IN THE GROVE LLC

2. (a) Principal office address of limited liability company: 2994 MCFARLAND RD.



(Note: MUST BE STREET ADDRESS)

COCONUT GROVE, FL 33133



(b) Mailing address of limited liability company:

5959 COLLINS AVE.

(Note: MAY BE POST OFFICE BOX)

MIAMI BEACH, FL 33140

8-18-09

3. Date of filing/registration in Florida

L0900079276

4. Document number

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

Registered Agent:

LES ROBERTS / RESIGNED

Registered Office Address:

2994 MCFARLAND RD.

COCONUT GROVE, FL 33133

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

NEW Registered Agent:

SILVIA CASTRO

NEW Registered Office Address:

5959 COLLINS AVE.

(MUST BE FLORIDA STREET ADDRESS)

APT. 908

MIAMI BEACH, FL 33140

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

Silvia Castro

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. This document is being filed to merely reflect a change in the registered office address, I hereby certify 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