

**L09000115412**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



**800211094778**

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09/09/11--01019--002 \*\*55.00

**FILED**  
11 SEP -8 AM 10 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

SEP 09 2011

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2011

AISKEL ROSAS  
111 E. MONUMENT AVE. SUITE 401-20  
KISSIMMEE, FL 34741

SUBJECT: TRIACINTER, LLC  
Ref. Number: L09000115412

We have received your document for TRIACINTER, LLC and your check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following:

The check submitted must be made payable to the Florida Department of State.

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

Deborah Bruce  
Regulatory Specialist II

Letter Number: 411A00020208

FILED  
11 SEP - 8 AM 11 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIACINTER 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:

AIKEL ROSAS

Name of Person

TRIACINTER LLC

Firm/Company

111 E. MONUMENT AVE. SUITE 401-20

Address

KISSIMMEE, FL 34741

City/State and Zip Code

TRIACINTER.USA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AIKEL ROSAS

Name of Person

at ( 407 )

201-4721

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

FILED  
11 SEP -8 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: TRIACINTER LLC

2. (a) Principal office address of limited liability company: 7735 NW 146 STREET

**(Note: MUST BE STREET ADDRESS)**

SUITE 300  
MIAMI LAKES, FL 33016 US

(b) Mailing address of limited liability company: 7735 NW 146 STREET

**(Note: MAY BE POST OFFICE BOX)**

SUITE 300  
MIAMI LAKES, FL 33016 US

12/03/2009

L09000115412

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: MANUEL DINER, P.A.

Registered Office Address: 7735 NW 146 STREET  
SUITE 300  
MIAMI LAKES, FL 33016 US

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

NEW Registered Agent: AIKEL ROSAS

NEW Registered Office Address: 111 E. MONUMENT AVE  
**(MUST BE FLORIDA STREET ADDRESS)** SUITE 401-20  
KISSIMMEE

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

EUSTAQUIO SANZ

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.*

Signature of Registered Agent

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