

L09000116123

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000269139 3)))



H110002691393ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GUNSTER YOAKLEY & STEWART P.A.
Account Number : 076077002561
Phone : (305) 376-4181
Fax Number : (305) 376-6010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tony@imeca.com

FILED
11 NOV 14 AM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
IMECA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
11 NOV 14 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

J. BRYAN
Help
NOV 15 2011

EXAMINER
11/11/2011

H11000269139 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMECA HOLDINGS 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:

Tony Cocchiola
Name of Person

Firma/Company

8400 N.W. 58th Street
Address

Miami, FL 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

Tony Cocchiola at (305) 599-9959
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

FILED
NOV 14 AM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000269139 3

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: IMECA HOLDINGS LLC

2. (a) Principal office address of limited liability company: 8400 N.W. 58th Street

(Note: MUST BE STREET ADDRESS)

Miami, FL 33166

(b) Mailing address of limited liability company: 8400 N.W. 58th Street

(Note: MAY BE POST OFFICE BOX)

Miami, FL 33166

12/07/2009
3. Date of filing/registration in Florida

L09000116123
4. Document number

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

Registered Agent:

GY Corporate Services, Inc.

Registered Office Address:

2 South Biscayne Blvd.
Suite 9400
Miami, FL 33131

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

NEW Registered Agent:

Tony Cocchiola

NEW Registered Office Address:

8400 N.W. 58th Street

(MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33166

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

Tony Cocchiola

Printed or typed name of signer

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

FILED
NOV 14 AM 1:29
TALLAHASSEE FLORIDA
SECRETARY OF STATE