

#L09000122285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER

APR 4 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2012

LAW OFFICES OF HECTOR ALVAREZ III, PA
HECTOR ALVAREZ III
3211 PONCE DE LEON BLVD, STE. 208
CORAL GABLES, FL 33134

SUBJECT: MIN LLC
Ref. Number: L09000122285

We have received your document for MIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00009882

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIN 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:

Hector Alvarez III, Esq

Name of Person

Law Offices of Hector Alvarez III, PA

Firm/Company

3211 Ponce de Leon Blvd., Suite 208

Address

Coral Gables, Fl. 33134

City/State and Zip Code

ha3esq@aol.com

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

For further information concerning this matter, please call:

Hector Alvarez III, Esq

Name of Person

at (305)

774-9797 ex 27

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

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: MIN LLC

2. (a) Principal office address of limited liability company: 475 BRICKELL AVE

(Note: MUST BE STREET ADDRESS)

2907

MIAMI, FL. 33131

(b) Mailing address of limited liability company:

SAME

(Note: MAY BE POST OFFICE BOX)

12/28/2009

L09000122285

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:

ATRIUM REGISTERED AGENTS, INC.

Registered Office Address:

1500 SAN REMO AVENUE # 125

CORAL GABLES, FL. 33146

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

NEW Registered Agent:

HECTOR ALVAREZ III, ESQUIRE

NEW Registered Office Address:

3211 Ponce de Leon Blvd.

(MUST BE FLORIDA STREET ADDRESS)

Suite 208

Coral Gables, FL 33134

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.

Cleotha Bell Jr.
Signature of a member or authorized representative of a member

CLEOTHA BELL JR

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.

Cleotha Bell Jr.
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00