## L/00000 7855

	(Requestor's Name)
	(Address)
<del> </del>	(Address)
	(City/State/Zip/Phone #)
PICK-U	IP WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

A. LUNT

JUN -3 2010

**EXAMINER** 

Office Use Only



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SEGRETMAY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ		IN AMERICA TRADE, LLC
	Name of	Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to the following:
	ERIKA N NARANJO	<u></u>
	Name of Person	
		\(\mathbb{Z}_{55} \ \mathbb{2}
	LAT LATIN AMERICA TRADE	LLC S
	Firm/Company	
		<b>5</b> 第 王
	770 BRICKELL KEY DR #10	SLERLICARY OF STATE ALLEANASSEE FLORED
	Address	
	BALABAL EL 22424	<b>5月 35</b>
	MIAMI FL 33131 City/State and Zip Code	The state of the s
	Chyrotate and Dip Code	•
E	enaranjo@thebuildingcrew.c	notification)
For fu	urther information concerning this mat	ter, please call:
	ERIKA N NARANJO	at ( 954 ) 684-9731
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the followi	ng 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:	LAT LATIN AMERICA TRADE, LLC			
2. (a) Principal office address of limited liability	company:			
(Note: MUST BE STREET ADDRESS)	770 Brickell Key Dr #1008 Miami, Fl 33131			
(b) Mailing address of limited liability compar	ny:			
(Note: MAY BE POST OFFICE BOX)	770 Brickell Key Dr #1008 Miami, Fl 33131			
01/22/2010	L1000007855			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office sl	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	CARLOS ARANGO 至 室			
Registered Office Address:	5161 NW 79TH AVE.			
	#4 MIAMI, FL 33166			
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW Registered Agent</u> :	nd/or NEW Registered Office address (			
<b>NEW</b> Registered Office Address:	770 BRICKELL KEY DR #1008			
<u>(MUST BE FLORIDA STREET ADDRE</u>	MIAMI ,FL 33131			
liability company, it is hereby confirmed that the	Ide, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization			
ERIKA N NARANJO				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.			
Signature of Bagistared Agent				

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