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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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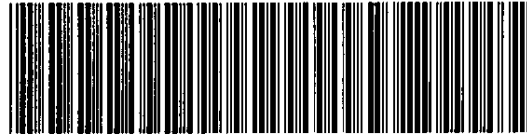
(Business Entity Name)

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DIVISION OF CORPORATIONS
11 JUL 19 PM 1:51

T. HAMPTON

JUL 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Del Corral Management, 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:

Monica Zaldivar, Esq.

Name of Person

Del Corral Management, LLC

Firm/Company

3622 BAY VIEW ROAD

Address

Coconut Grove, Florida 33133

City/State and Zip Code

monicazaldivar5@gmail.com

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

For further information concerning this matter, please call:

Monica Zaldivar

Name of Person

at (305)

710-7431

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUL 19 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 24, 2011

MONICA ZALDIVAR, ESQ
3622 BAY VIEW RD
COCONUT GROVE, FL 33133

SUBJECT: DEL CORRAL MANAGEMENT, LLC
Ref. Number: L10000019822

We have received your document for DEL CORRAL MANAGEMENT, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 911A00015337

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: Del Corral Management, LLC

2. (a) Principal office address of limited liability company: 3622 BAY VIEW ROAD

(Note: MUST BE STREET ADDRESS) COCONUT GROVE, FLORIDA 33133

(b) Mailing address of limited liability company: 3622 BAY VIEW ROAD

(Note: MAY BE POST OFFICE BOX) COCONUT GROVE, FLORIDA 33133

February 22, 2010
3. Date of filing/registration in Florida

L10000019822
4. Document number

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

Registered Agent: Monica Zaldivar, Esq.

Registered Office Address: 1395 BRICKELL AVENUE, 14TH FLOOR
Miami, Florida 33131

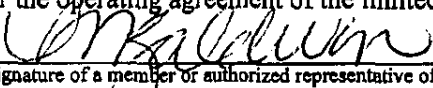
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Monica Zaldivar, Esq.

NEW Registered Office Address: 3622 BAY VIEW ROAD

(MUST BE FLORIDA STREET ADDRESS) Coconut Grove, FL 33133

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

Monica Zaldivar, Esq.
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 19 PM 1:51