

L10000060394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

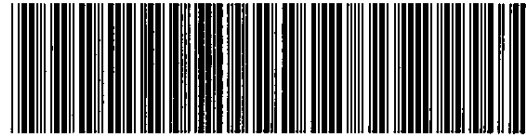
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 8 AM 10:05

REINSTATEMENT
(Dissolved for RA)

B. T. T. NOV 15 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOS DEL SUR, 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:

MARTA B. FIGUEROA

Name of Person

N/A

Firm/Company

12550 BISCAYNE BLVD #204

Address

NORTH MIAMI FL 33181

City/State and Zip Code

MARTABERRONDO@gmail.com

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

For further information concerning this matter, please call:

MARTA B. FIGUEROA at (305) 790-8268

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

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: LOS DEL SUR, LLC
2. (a) Principal office address of limited liability company: ☐ (Note: MUST BE STREET ADDRESS) 10275 COLLINS AVE #729
BAL HARBOUR FL 33154
- (b) Mailing address of limited liability company: ☐ (Note: MAY BE POST OFFICE BOX) 12550 BISCAYNE Blvd #204
NORTH MIAMI FL 33181
L 100000 60394
3. Date of filing/registration in Florida 06-06-2010
4. Document number NOV-8 AM 11:05
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of STATE
Registered Agent: JOSE M. VEGA
Registered Office Address: 25 SE 2nd AVE #411
MIAMI FL 33131
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: MARTA B. FIGUEROA
NEW Registered Office Address: 12550 BISCAYNE Blvd #204
(MUST BE FLORIDA STREET ADDRESS) NORTH MIAMI, FL 33181

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.

Jorge L. Reznik
Signature of a member or authorized representative of a member

JORGE L. REZNIK

Printed or typed name of signer

REINSTATEMENT
(Dissolved for RA)

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]
Signature of Registered Agent

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