

**L10000102314**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**200186849262**

10/25/10--01023--026 \*\*50.00

**FILED**  
**2010 OCT 25 PM 12:49**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**G. LEWIS**  
**OCT 26 2010**  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Serving Traders, 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:

Daniel Aguirre

Name of Person

Serving Traders, LLC

Firm/Company

6625 Miami Lakes Dr. #427

Address

Miami Lakes, FL 33014

City/State and Zip Code

manager@servingtraders.com

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

For further information concerning this matter, please call:

Daniel Aguirre

Name of Person

at ( 954 )

235-8095

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: Serving Traders LLC

2. (a) Principal office address of limited liability company: 6625 Miami Lakes Dr. #427

☒ (Note: **MUST BE STREET ADDRESS**) Miami Lakes, FL 33014

(b) Mailing address of limited liability company: 6625 Miami Lakes Dr. #427

☒ (Note: **MAY BE POST OFFICE BOX**) Miami Lakes, FL 33014

9/30/2010  
3. Date of filing/registration in Florida

L10000102314  
4. Document number

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

Registered Agent: A1A Registered agent

Registered Office Address: 5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 US

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

**NEW** Registered Agent: Daniel Aguirre

**NEW** Registered Office Address: 6625 Miami Lakes Dr. #427  
**(MUST BE FLORIDA STREET ADDRESS)** Miami Lakes, FL 33014

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

Daniel Aguirre

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