L10000103569

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



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05/11/15--01007--002 **35.00

RA address



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2015

Mitchell Tress Xebec Trade Finance LLC 6400 SW 106th Street Pinecrest, FL 33156

SUBJECT: XEBEC TRADE FINANCE, LLC

Ref. Number: L10000103569

We have received your document for XEBEC TRADE FINANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a Florida limited liability. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Annette Ramsey 'Regulatory Specialist II

Letter Number: 315A00010301

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COVER LETTER

Division of Corporations				
SUBJECT: XEBEC TRADE FINA	NCE LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
MITCHEU TRESS Name of Person	· 			
XEBEC TRADE FINANCE LL Firm/Company	.C			
6400 SW 106 TH STREET Address				
PINECREST, FL 33156 City/State and Zip Code				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please c	all:			
MITCHELL TRESS at (305) 259-5619 Name of Person Area Code & Daytime Telephone Number				
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 Fec	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	une of the limited liability company: XEEEC	TRADE	FINANCE LLC
	6400 SW 106 TH STREET	(b)	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	water (V) to a constitution of the constitutio	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PINECREST, FL 33156		
	04 OCT 2010	LIC	000 (03569
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the BERMAN. KEAN & RIGUERA P. Registered Office Address (MUST BE FLORIDA STREET A	Α.	State: FILED FILED PH 3: 00
	2101 WEST COMMERCIAL BLU FT. LAUDERDALE , FL	_	300
(b)	KEAN, MICHAEL I ESQ Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	
	7111 FAIRWAY DRIVE, SUITE NEW Registered Office Address:	302	
	PALM BEACH GARDENS FL	33418	
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of teles of organization or the operating agreement of the l	the registered o bility company, f the limited lial	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Mulling	MITCH	Printed or typed name of signee
I here provisi the obt to mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my phistion as registered agent as provided ely reflected change in the registered office address, I h I in strifting officie change	ee to act in this	canacity. I further agree to comply with the

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