

L100000117983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

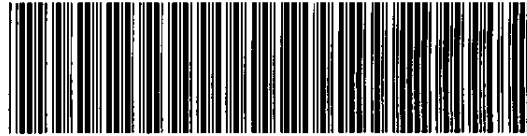
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800188247248

12/06/10--01038--015 \*\*25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 DEC -6 AM 10:53

B. KOHR

DEC 10 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CASA INVERSIONES 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:**

**ANNETTE MARTINEZ**

Name of Person

**CASA INVERSIONES LLC**

Firm/Company

**2645 Executive Park Drive, Suite 108**

**Address**

**Weston, Fl 33331**

City/State and Zip Code

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

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

INHS18 (5/08)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC -6 AM 10:53

**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: CASA INVERSIONES LLC
2. (a) Principal office address of limited liability company: 2645 Executive Park Dr, Suite 108

**(Note: MUST BE STREET ADDRESS)**

Weston, FL 33331

- (b) Mailing address of limited liability company:

2645 Executive Park Dr, Suite 108

**(Note: MAY BE POST OFFICE BOX)**

Weston, FL 33331

11/12/2010

3. Date of filing/registration in Florida

L10000117983

4. Document number

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

Registered Agent:

Gabriel M. Sanchez, PA

Registered Office Address:

7245 SW 87th Ave, Suite 400  
Miami, FL 33173

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

NEW Registered Agent:

Annette Martinez

NEW Registered Office Address:

2645 Executive Park Dr, Suite 108

**(MUST BE FLORIDA STREET ADDRESS)**

Weston, FL 33331

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.

Annette Martinez  
Signature of a member or authorized representative of a member

Annette Martinez

Printed or typed name of signer

*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.*

Annette Martinez  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00