10000132419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Otalic/21911 Hollo #)
PICK-UP WAIT MAIL
(Business Entity Name)
(busiless Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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K. SALY DEC 29 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2016

LATINOAMERICANA DE REPRESENTACIONES, LLC ROLANDO GARBALOSA 3200 NW 67TH AVE, BLDG 4, STE. 425 MIAMI, FL 33122

SUBJECT: LATINOAMERICANA DE REPRESENTACIONES, LLC

Ref. Number: L10000132419

2016 DEC 27 PN 4: 48
SEBRUTARI CHATRA

We have received your document for LATINOAMERICANA DE REPRESENTACIONES, 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):

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00026367

COVER LETTER

TO: Registration Section
Division of Corporations

INHS18 (2/14)

SUBJECT: LATINOAMERICANA DE REPRESENTACIONES, LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
GARBALOSA RORLA Name of Person	nDO		
LATINO AMERICANA DE REP Firm/Company	RESENTALIONES, LC		
7950 NW 53 st. &	inte 124		
DORAL, FL 33160 City/State and Zip Code	φ		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
GARBALOSA, ROLANDO Name of Person	at (305) 876 6777 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	S55 Filing Fee & Certified Conv		

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	me of the limited liability company: Latino Americano de Representacione Cla
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	bldg4 - 425
	Miomi, 92 33122
	12/29/2010
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
•	7950 NW S35T Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
, * * • • • • • • • • • • • • • • • • •	Suite 124
(b)	Suite 124 Docel ,FL 33166 Acoldy B. Lanigan Enter name of NEW Registered Agent and/or NEW Registered Office address:
	831 west Morse blvd. NEW Registered Office Address:
	·
	Winter Pork AFL 32789
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida treet address of the registered office and the business office of the registered will be identical. Or, in the case of a Floridallip field liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the rembers of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signal	ture of a member or authorized representative of a member Printed or typed name of signee
the obli	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been in my this change.
X	re of Phaintered Agent