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B. BOSTICK
JUL 2 8 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: TRANSCARIBBEAN, LLC	Liability Company
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Maria Jose Granados, Esq. Name of Person	·, 
Maria Jose Granados Law Office Firm/Company	<del> </del>
2340 So. Dixie Highway Address	11 JUL 27 SECHLANASS
Miami, Fflorida 33133	
City/State and Zip Code	
	HII: 28 FLORID
mariaiose@granados_lawocom	
mariajose@granados=law@com E-mail address: (to be used for future annual report notification	<del>on)</del> >
For further information concerning this matter, plea	ase call:
Maria Jose Granados, Esq. at (3	05 <sub>)</sub> 858-6208/305-859-2696
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 amo	ount:
x \$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:TRANSCARIB	BEAN, LLC
2. (a) Principal office address of limited liability company	250 Catalonia Ave. Ste 404
(Note: MUST BE STREET ADDRESS)	Coral Gables, Florida 33134
(b) Mailing address of limited liability company:	Same as above
(Note: MAY BE POST OFFICE BOX)	
February 4, 2011  3. Date of filing/registration in Florida	<u>L11000015128</u> 4. Document number
• •	
5. (a) Registered Agent and Registered Office shown on the	•
Registered Agent:	Eduardo Perez de Morales
Registered Office Address:	350 SW 56th Ave. Miami. Florida 33134
	MIANII, F101100, 35134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	EDUARDO PEREZ DE MORALES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4290 SW 2nd Terr.
	Coral Gables ,FL 33134
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  EDUARDO PEREZ DE MORALES  Printed or typed name of signee  I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mendadness I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of Registered Agent	

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