

L11000023898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

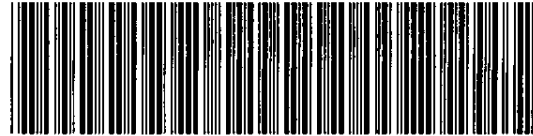
(Business Entity Name)

(Document Number)

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2011 OCT 24 AM 11:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 25 2011

EXAMINER

**COVER LETTER .**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLURE AUTO SALES 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:

JULIAN ARANGO  
Name of Person

[Signature]  
Firm/Company

1650 SOUTH POWERLINE ROAD  
Address

DEERFIELD BEACH FL 33442  
City/State and Zip Code

ALLUREAUTOSALES@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIAN ARANGO at ( 786 ) 8371190  
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

**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: ALLURE AUTO SALES LLC
2. (a) Principal office address of limited liability company: 1650 SOUTH POWERLINE ROAD

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

DEERFIELD BEACH FL 33442

- (b) Mailing address of limited liability company: 10773 NW 58TH STREET

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

SUITE#517

DORAL FL 33178

02/25/2011

L1100023898

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:

Registered Agent:

JULIAN ARANGO

Registered Office Address:

1650 SOUTH POWERLINE ROAD  
DEERFIELD BEACH FL 33442

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

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

5823 FUNSTON STREET

HOLLYWOOD, FL 33023

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.

Julian Arango  
Signature of a member or authorized representative of a member

JULIAN ARANGO

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.*

Julian Arango  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
OCT 24 AM 11:15  
TALLAHASSEE, FLORIDA