

L11000027593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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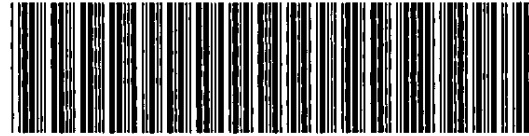
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12 OCT 22 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NASRA GROUP 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:

ILARIA M. LEGNARO AKL, ESQ.

Name of Person

ILARIA M. LEGNARO AKL, P.A.

Firm/Company

4000 PONCE DE LEON BLVD., SUITE 470

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

SNASSIMIHA.NESCO@HOTMAIL.COM

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

For further information concerning this matter, please call:

ILARIA M. LEGNARO AKL, ESQ.

Name of Person

at ( 305 ) 777-0480 or 302-2584

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

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**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: NASRA GROUP LLC

2. (a) Principal office address of limited liability company: 1172 SOUTH DIXIE HWY., #552

(Note: MUST BE STREET ADDRESS)

CORAL GABLES, FLORIDA 33146

(b) Mailing address of limited liability company:

NASRA GROUP LLC

(Note: MAY BE POST OFFICE BOX)

1172 SOUTH DIXIE HWY., #552

CORAL GABLES, FLORIDA 33146

03/04/2011

3. Date of filing/registration in Florida

L11000027593

4. Document number

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

Registered Agent:

SAMI NASSIMIHA

Registered Office Address:

407 LINCOLN ROAD

#8L

MIAMI BEACH, FLORIDA 33139

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

NEW Registered Agent:

ILARIA M. LEGNARO AKL, P.A.

NEW Registered Office Address:

4000 PONCE DE LEON BLVD.

(MUST BE FLORIDA STREET ADDRESS)

SUITE 470

CORAL GABLES, FL 33146

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.

Ilaria M. Legnaro  
Signature of a member or authorized representative of a member

ILARIA M. LEGNARO AKL, ESQ. for Mr. NASSIMIHA

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.*

Ilaria M. Legnaro  
Signature of Registered Agent

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

FILING FEE: \$25.00