

L11000047673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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11 DEC -9 AM 10:51
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METROVISION AMERICA 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:

MIGUEL ALFREDO VECCHIONACCE NUNEZ

Name of Person

METROVISION AMERICA LLC

Firm/Company

PO BOX 025685 VLN-410061

Address

MIAMI, FLORIDA 33102

City/State and Zip Code

mvecchi4@gmail.com

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

For further information concerning this matter, please call:

MIGUEL VECCHIONACCE

Name of Person

at (407)

9564378

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

RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

11 DEC -9 AM 10:51

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: METROVISION AMERICA LLC

2. (a) Principal office address of limited liability company: _____

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

2653 OSCEOLA PKWY SPC B22
KISSIMMEE, FLORIDA 34741

(b) Mailing address of limited liability company: _____

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

PO BOX 025685 VLN-410061
MIAMI, FLORIDA 33102

APRIL 21, 2011

L11000047673

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:

MIGUEL A VECCHIONACCE

Registered Office Address:

2653 OSCEOLA PKWY SPC B22
KISSIMMEE, FLORIDA 34741

(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**)

1969 PERIDOT CIRCLE

KISSIMMEE, FL 34743

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.

Signature of a member or authorized representative of a member

MIGUEL ALFREDO VECCHIONACCE NUNEZ

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.

Signature of Registered Agent

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

FILING FEE: \$25.00

11 DEC -9 AM 10:51

STATE
SECRET
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2011

MIGUEL ALFREDO VECCHIONACCE NUNEZ
METROVISION AMERICA LLC
POST OFFICE BOX 025685 VLN-410061
MIAMI, FL 33102

SUBJECT: METROVISION AMERICA, LLC
Ref. Number: L11000047673

We have received your document for METROVISION AMERICA, 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 document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 811A00026463