

L110000077594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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12 MAY 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P/A Change Aerotrade Consulting 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:

Luis Cabrera
Name of Person

Aerotrade Consulting
Firm/Company

480 NW 30th St
Address

Miami, FL 33173
City/State and Zip Code

aerotradeconsulting@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Cabrera at (754) 777-3160
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

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: Audrad Consulting LLC.

2. (a) Principal office address of limited liability company: 480 NW 30th St

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

Miami, FL 33137

(b) Mailing address of limited liability company:

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

480 NW 30th St

Miami, FL 33137

L11000077544

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:

Ilma Cabrera

Registered Office Address:

832 Twin Lake Dr
Coral Springs, FL 33071

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

NEW Registered Agent:

Luis Cabrera

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1227 San Miguel Avenue
Coral Gables, FL
Coral Gables, FL 33134

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 the 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.

Luis Cabrera
Signature of a member or authorized representative of a member

Luis Cabrera
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.

Luis Cabrera
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
MAY 18 PM 3:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE