L11000137177

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2013 SEP 16 PM 12: 18

B. BOSTICK

SEP 1 7 2013

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	LR Capital LLC				
	Name of	Limited L	iabilit	y Company	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office Cha	unge ar	nd fee(s) are subn	nitted for filing.
Please	return all correspondence concerning	g this matte	er to th	ne following:	
Ricar	do Rodrigues				
	Name of Person				
LR C	apital LLC				
,	Firm/Company		•		
2201	Lincoln Avenue				
	Address				20 7A
Coco	nut Grove, FL 33133				2013 SEP 16 PH 12:
	City/State and Zip Code				16
ricroc	lmail@yahoo.com				
E	mail address: (to be used for future annual report	notification)			ORI
For fu	rther information concerning this mat	tter, please	call:		<u>Φ</u> , ω
Ricar	do Rodrigues	973 at (}	449-4450	
	Name of Person		Ar	rea Code & Daytime To	lephone Number
	STREET/COURIER ADDRESS:		MAII	LING ADDRESS:	
	Registration Section Registration Section				
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallal	nassee, Florida 323	14
	Enclosed is a check for the follow	ing amour	ıt:		
	\$25 Filing Fee	C	\$55	Filing Fee & Cer	tified 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. Na	ame of the limited liability company: LR Captial LLC				
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDI	Principal office address of limited liability company	0004 1 :			
	(Note: MUST BE STREET ADDRESS)	Coconut Grove, FL 33133			
) Mailing address of limited liability company:	2201 Lincoln Avenue	····		
	(Note: MAY BE POST OFFICE BOX)	Coconut Grove, FL 33133			
12/7	<i>/</i> 2011	L11000137777			
3. Da	ate of filing/registration in Florida	1. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dep	t. of State:		
	Registered Agent:	Ricardo Rodrigues			
	Registered Office Address:	92 SW 3rd Street, Apt 309			
		Mlaml, FL 33130	ar# .		
(b)) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address			
	NEW Registered Agent:	Ricardo Rodrigues	*,,		
	NEW Registered Office Address:	2201 Lincoln Avenue 😠			
	(MUST BE FLORIDA STREET ADDRESS)	Coconut Grove	_,FL_33133		
confinant the man	limited liability company is not organized under the larmed that after the change or changes are made, the Flee business office of the registered agent will be identified ity company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise porating agreement of the limited liability company.	nws of the State of Florida, it orida street address of the reg cal. Or, in the case of a Floriwas/were authorized by an af e provided in the articles of o	is hereby istered office da limited firmative vote of rganization or		
Rica	rdo Rodrigues				
	d or typed name of signee	-			
I hero comp and I Chap addre	eby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my pos- ter 608, F.S. Or, if this document is being filed to men as, I hereby confirm that the limited liability company would fightume	gree to act in this capacity. I per and complete performant ition as registered agent as p ely reflect a change in the re has been notified in writing t	further agree to ce of my duties, rovided for in gistered office of this change.		
Signal	are of Registered Agent				

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