

2/2000003409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A. LUNT

SEP 13 2012

EXAMINER

Office Use Only



400237820854

08/01/12--01004--006 \*\*25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2012 SEP 12 PM 4:30

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2012

DOMINIE CAUAGNUOLO  
1230 STILLWATER DRIVE  
MIAMI, FL 33141

SUBJECT: LGP 1930 LLC.  
Ref. Number: L12000003409

FILED  
2012 SEP 12 PM 4:08  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

We have received your document for LGP 1930 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 812A00020224

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LGP 1930 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:

Dominic Cavagnuolo  
Name of Person

\_\_\_\_\_  
Firm/Company

1230 Stillwater drive  
Address

Miami FL 33141  
City/State and Zip Code

domcav2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic Cavagnuolo at (305) 321-3888  
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

2012 SEP 12 PM 6:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: LGP 1930 LLC

2. (a) Principal office address of limited liability company: 1930 Bay rd

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

miami Bch FL 33141

(b) Mailing address of limited liability company:

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

\_\_\_\_\_

1-6-12

3. Date of filing/registration in Florida

4. Document number

L1200000340

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

Registered Agent:

Ken Ray

Registered Office Address:

635 Euclid Ave Apt 103

miami Bch FL 33139

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

**NEW** Registered Agent:

Stewart Mirmelli

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

100 SE 2nd St Suite 200

Miami FL 33131

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]  
Signature of a member or authorized representative of a member

Samir Cagnuolo  
Printed or typed name of signee

*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]  
Signature of Registered Agent

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

FILING FEE: \$25.00