1200093197

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(0.0),0.0.0.0.0.0,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· —		
Special Instructions to Filing Officer:		
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Office Use Only



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MAR -8 2013 N. CAUSSEAUX

L12-93197

COVER LETTER

Registration Section

Division of Corporations		
SUBJECT: Emilia Properties (CC 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:		
Ivan Tuduni Name of Person		
Firm/Company		
880 SW 68 Count. Address		
Migmi Pf 33144-4721 City/State and Zip Code		
Haniela 26 @ MSN. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Fran Tuduni at (30)	05 <u>926 - 3097</u> Area Code & Daytime Telephone Number	
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2013

EMILIA PROPERTIES LLC ATTN: IVAN TUDURI 880 SW 68 COURT MIAMI, FL 33144

SUBJECT: EMILIA PROPERTIES LLC

Ref. Number: L12000093197

We have received your document for EMILIA PROPERTIES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Registration/Qualification Section Division of Corporations Letter Number: 813A00001319

Dean Name He:

As per our conversation yesterday, I'
resending you a new original with the return receipt from the Postel Service Please adjust your records to show the registered Agent. As you can see this was sent back in January 29.
We Hicak you for your prompt
www.sunbiz.org aften how to this matter

The 32314 Sinculy.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered
1. Name of the limited liability company:Emile	a Properties LC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	880 SW 68 Ct. Higmi Ff 33144
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
7/18/2012	L12000093197
3. Date of filing/registration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	
Registered Office Address:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address: Tuan Tuduni
NEW Registered Office Address:	880 SW 68 Court
(MUST BE FLORIDA STREET ADDRESS)	Heavier FT 33144
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agreement of the provisions of all statutes relative to the provisional I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company. Signature of Registered Agent	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
Division of Compositions, P.O. Poy 620	77 Tallahassaa El 32314

FILING FEE: \$25.00

INHS18 (05/08)