

L12000097695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

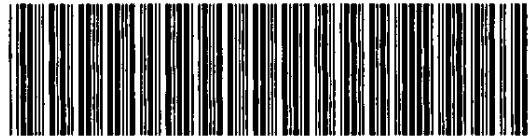
(Business Entity Name)

(Document Number)

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2013 JUN 10 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Yo Kasta Cruz CME

AUTHORIZATION BY PHONE TO

CORRECT zip code to be 33014

DATE 6/12 @ 10:13 am

DOC. IDAM [Signature]

JUN 11 2013

J. BRYAN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YP Realty 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:

Yokasta Cruz

Name of Person

YP Realty LLC.

Firm/Company

5901 NW 151 St. Suite 211

Address

Miami Lakes, FL 33014

City/State and Zip Code

yprealtyllc@gmail.com

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

For further information concerning this matter, please call:

Yokasta Cruz

Name of Person

at ( 305 ) 915-3755

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

**FILED**  
2013 JUN 10 PM 2:49  
SECRETARY OF OFFICE  
TALLAHASSEE, FLORIDA

*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.*

- 07/27/2012

L12000097695

- #### 4. Document number

**Yokasta Cruz**

4000 SW 130th Ave.  
Miramar, FL 33027

- 5901 NW 151 St. Suite 211, Miami Lakes, FL 33019

Signature of a member or authorized representative of a member

YOKASTA CRUZ

Printed or typed name of signee

Signature of Registered Agent

**FILING FEE: \$25.00**