L12000102530

(Requ	estor's Name)	
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, (Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL .
(Busin	ness Entity Na	me)
(Document Number)		
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IAITAHASSEE, FLORIDA

. COVER LETTER

TO: Registration Section Division of Corporations				
	rican Exports, LLC			
Name of Limited	l 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:				
•				
Michael J. Chaparro				
Name of Person				
Trans American Evports 11 C				
Trans-American Exports, LLC Firm/Company				
- · · · · · · · · · · · · · · · · · · ·				
0400 014 054 04				
3120 SW 25th St. Address				
Addicas				
Miami, Fl. 33133	<u></u>			
City/State and Zip Code				
wishenews00@ameil.com				
mjchaparro09@gmail.com E-mail address: (to be used for future annual report notification	(non)			
For further information concerning this matter, please call:				
Michael J. Chaparro at (305) 746-4449			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			



October 2, 2012

MICHAEL J. CHAPARRO 3120 SW 25TH STREET MIAMI, FL 33133

SUBJECT: TRANS-AMERICAN EXPORTS LLC

Ref. Number: L12000102530

We have received your document for TRANS-AMERICAN EXPORTS 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):

You must list the current Registered Agent in part 5(a) and the New Registered Agent in 5(b). see printout

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 912A00024442

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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.

Name of the limited liability company:	Trans-American Exports, LLC		
2. (a) Principal office address of limited liability com	pany: 1900 Coral Way S	uite 300	
(Note: MUST BE STREET ADDRESS)	Miami, Fl. 33145	72	
(b) Mailing address of limited liability company:	ASS.)CT 16	
(Note: MAY BE POST OFFICE BOX)			
08/08/2012	L1200010253 9 .5	୍ପ୍ର ଫ୍ର ≿ .==	
3. Date of filing/registration in Florida	4. Document number	T) (B)	
5. (a) Registered Agent and Registered Office shows		0.4	
Registered Agent:	Spiegel + Utra	era PA	
Registered Office Address:	1840 SW 22ND	St. 4th P	
	Miami, M. 33	145	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:		
NEW Registered Agent:	Michael I. Chapa	710	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3120 SW 25th ST		
	Miami,F	L <u>33133</u>	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the Florida street address of the registed identical. Or, in the case of a Florida lege(s) was/were authorized by an affirm	red office limited native vote	
Michael J. Chaparro Printed or typed name of signee			
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, If this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further proper and complete performance of the position as registered agent as proving merely reflect a change in the regist apany has been notified in writing of the property of the property of the property of the pany has been notified in writing of the property	ther agree to If my duties, ided for in ered office his change.	
Signature of Registered Agent Division of Corporations P.O. Re	ov 6327 Tallahassee FL 32314		

FILING FEE: \$25.00