

#L12000120587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG - 5 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2013

MYVIEW10, LLC
ALEJANDRO BOWERS
11450 NE 10TH AVE.
BISCAYNE PARK, FL 33161

SUBJECT: MYVIEW10, LLC
Ref. Number: L12000120587

We have received your document for MYVIEW10, 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 must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 613A00017687

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYVIEW10 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:

Alejandro Bowers
Name of Person

MYVIEW10 LLC
Firm/Company

11450 NE 10th Avenue
Address

Biscayne Park, FL 33161
City/State and Zip Code

alex@bowers68.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Bowers at (305) 846-9735
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

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: MYVIEW10 LLC
2. (a) Principal office address of limited liability company: 11450 NE 10th Avenue
Biscayne Park, FL 33161
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 11450 NE 10th Avenue
Biscayne Park, FL 33161
(Note: MAY BE POST OFFICE BOX)

September 20, 2012

L12000120587

3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Ariel Chudnovsky

Registered Office Address:

11111 Biscayne Blvd #1157
Miami, FL 33181

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

NEW Registered Agent:

ALEJANDRO BOWERS

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11450 NE 10th Avenue

BISCAYNE PARK FL 33161

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 of a member or authorized representative of a member

CLAUDIO NIGRO

Printed or typed name of signer

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 of Registered Agent

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

FILING FEE: \$25.00