L12000 174968

(Requestor's Name) (Address)	000287087410
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/20/1601036017 **
Certified Copies Certificates of Status	2016 JUN 20 A 10: 24 TÄLLAHASSEE, FLORIDA

Office Use Only

UN 21 2013

**25.00

COVER LETTER

Division of Corporations			
ANLAROP DEVELOPMENT SUBJECT:	LLC		
Name	of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filin	g.
Please return all correspondence concerning this	matter to the	following:	
EDIOV DECTO			
ERICK RESTO			·
Name of Person			
ANLAROP DEVELOMENT LLC			
Firm/Company		_	
910 NE 117TH ST			
Address		_	
BISCAYNE PARK, FL 33161			
City/State and Zip Code			
resto72@gmail.com			JUN 20
E-mail address: (to be used for future annua	al report notifi	ication)	, ,
For further information concerning this matter, p	lease call:		A IO: 21
ERICK RESTO	786	863-5130	0. 2u
Name of Person	_ at (Area Code & Daytime Tel	ephone 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 a	mount:		
☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Co	ру
INHS18 (2/14)			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: ANLAROP D	EVELOPMENT LLC
691 NE 74 STREET	691 NE 74 STREET
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL 33138	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MIAMI, FL 33138
10/23/2012	L12000134968
Date of filing/registration in Florida ERICK RESTO (a)	4. Document number
Registered Agent and Registered Office shown on the records of 691 NE 74 ST	the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
MIAMI BEACH , FL	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1000 - Adams
910 NE 117TH STREET	20 /
NEW Registered Office Address:	SRIPE 21
BISCAYNE PARK , FL	33161
hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that afte if the registered office and the business office of the regist ability company, it is hereby confirmed that the change(s of the limited liability company or as otherwise provided limited liability company. ERICK RESTO
mature of a member or authorized representative of a member	Printed or typed name of signee
reby accept the appointment as registered agent and agi isions of all statutes relative to the proper and complete bligations of maposition as registered agent as provide erely reflect a thange in the registered office address, I lied in writing of this change.	ree to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and ac ad for in Chapter 605, F.S. Or, if this document is being f hereby confirm that the limited liability company has bee
nature of Registered Agent	