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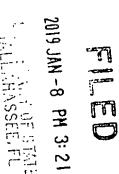
	(Requestor's Name)					
	(Address)					
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	(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL				
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of S	Status				
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	5006-5012 West, LLC		
	Nam	ne of Limited Li	ability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
	Sailly Hernandez		
	Name of Person		_
	5006-5012 West, LLC		
	Firm/Company		_
	15237 NW 88th Court		
	Address		_
	Hialeah, FL 33018		
	City/State and Zip Code		
	sailly@aol.com		
E-	-mail address: (to be used for future ann	ual report notif	ication)
For furt	ther information concerning this matter,	please call:	
Sailly	y Hernadnez	786	290-8159
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	☑ \$5	5 Filing Fee & Certified Copy
INHS18	3 (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.

1. 1	Name of the limited liability company:5006-5012 \	West, LI	_C				
2. (a	Sailly Hemandez	(b) Same as Principal Address					
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	15237 NW 88th Court						
	Hialeah, FL 33018	_					
	01/03/2013		L130006	001601			
3.	Date of filing/registration in Florida	4.		Document numb	эег		
5. (a	L. Michael Osman						
J. (I	Registered Agent and Registered Office shown on the records of t	the Florida l	Dept. of State	:			
	L. Michael Osman					2(
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			<u> </u>) []	
	1474-A West 84 Street					2019 JAN	
	Hialeah . FL	33014				00	6761
(b	Sailly Hernandez				SSEE.	PH 3:	
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		근달	: 2	
	Sailly Hemandez				1-1-1		
	NEW Registered Office Address:						
	15237 NW 88th Court						
	Hialeah, FL	33018					
the clagent was/v	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	the regist ability cor of the limit	ered office npany, it is ted liability ability com	and the business hereby confirmed company or as	s office ed that otherw	of the	registered ange(s)
Sign	nature of a member or authorized representative of a member			Printed or typed na		ence	
provi the o to me notifi	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bigations of my position as registered agent as provided rely reflect a change in the registered office address. I have a complete the spritting of this change. All the little of Registered Agent	ee to act i performa I for in Ci iereby coi	in this capa nce of my a hapter 605, nfirm that t	acity. I further a	vree to	compi	ly with the and accept being filed as been