

L13000079347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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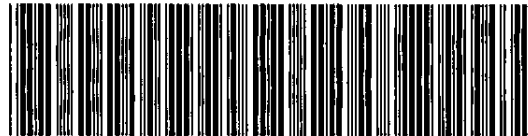
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 APR 21 AM 7:51

C.L.
4-28-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTRLL, 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:

NESTOR CABALLERO

Name of Person

ALBERNI CABALLERO & FIERMAN, LLC

Firm/Company

4649 PONCE DE LEON BLVD. STE 404

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

USHA@ACF-CPA.COM

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

For further information concerning this matter, please call:

MARIBEL CASANOVA

Name of Person

at (**305**) **662-7272**

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 605, 6214 or 6215, F.S., 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: MTRL, LLC
2. (a) 4649 Ponce de Leon Blvd (b) 4649 Ponce de Leon Blvd.
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Suite 404 Suite 404
Coral Gables, FL 33146 Coral Gables, FL 33146
- 05/29/2013 L13000079347
Date of filing registration with Florida Department of State
3. (a) Thomas G. Sherman, PA
Registered Agent and Registered Office shown on the records of the Florida Department of State
90 Almerian Avenue
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
Coral Gables, FL 33134
- (b) Alberni Caballero & Fierman, LLP
Enter name of NEW Registered Agent and/or NEW Registered Office address.
4649 Ponce de Leon
NEW Registered Office Address
Suite 404
Coral Gables, FL 33146

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. (c) In the case of a Florida limited liability company, it is hereby confirmed that the changes 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]
Signature of a member or authorized representative of a member

Ana Maria Lucio
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 605, 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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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DIVISION OF CORPORATIONS
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