LI40COO4100C

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificate:	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



200262291362

10/06/14--01045--024 **25.00

ROCH8,14

COVER LETTER

Division of Corporations	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	URURU LLC
Na	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
FANNY SUAREZ Name of Person	
Name of Person	
CHURURU LLC	
Firm/Company	
15673 sw 52Ct	
Address	
Miramor FL 33027	
City/State and Zip Code	
los rincon 1@ Notmail.co E-mail address: (to be used for future ar	vv) inual report notification)
For further information concerning this matter	•
<u> </u>	
German Rincon M	_a, 954, 5897461
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
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.

1.	Na	me of the limited liability company:	HUR		110	<u>`</u>	; ; ;
2.	(8)	Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)		(p)	1567	3 Su 52 Cd Hir Mailing address of limited (Note: MAX BE POST	liability company:
		03/11/2014		_	l	L1400004100	0
3.		Date of filing/registration in Florida		4.		Document number	
5.	(a)					_	
		Registered Agent and Registered Office shown on the recorn	rds of the	Florida l	Dept. of Sta	nte:	
		Registered Office Address MUST BE FLORIDA STR.	EET AD	DRESS)	<del></del>	<del></del>	
		156535W52d					
		Miramor		2217	77	<del></del>	
		1 pranty	_, FL	200	<u>+</u>	_	
	(b)						<u> </u>
	• /	Enter name of NEW Registered Agent and/or NEW Regis	tered Of	fice add	(611):		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		Suarez Fanny					TED 21 C
		NEW Registered Office Address:			<del></del>	<del></del>	
		15673 SW 52 CH	·				
		Miramai	FI.	330	27		
			_,				
If the	the l	imited liability company is not organized under the nge or changes are made, the Florida street addre	he laws as of th	of the S e regist	State of Fered officer	lorida, it is hereby con ce and the business off	firmed that after ice of the registered
80	ent v	vill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the members.	ted liabi	lity cor	npany, it	is hereby confirmed the	nat the change(s)
the	arti	cles of organization or the operating agreement o	f the lin	nited li	ability co	ompany.	
	C*	fallufilos pier	-		9	QNNY N SUOVE Printed or typed name of	13
I in protection	here ovisi e obl mer	by accept the appointment as registered agent and one of a member by accept the appointment as registered agent and one of all statutes relative to the proper and comparations of my position as registered agent as property reflect a change in the registered office address in writing of this change.	d agree plete pe ovided f ss, I he	to act in the contract of the	in this ca nce of my hapter 60 nfirm tha	pacity. I further agree	e to comply with the
Si	gnatu	re of Registered Agent	<b></b>			•	
		Division of Corporations P	O. Bo	x 6327	Tallah	assee, FL 32314	

FILING FEE: \$25.00

: , . \