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SECRETARY OF STATE STATE AHASSEE, FLORIDA 10/21/14--01002--001 PM 12: 02

NOV 0 5 2014 T. CARTER

LLC RATRO Change

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	MMB27 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:

Firm/Company

MIAMI, FLORIDA 33155
City/State and Zip Code

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

For further information concerning this matter, please call:

Matheus Luis Enzique at 786, 201-3609

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

INHS18 (2/14)

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

Pursuant to the provisions of sections 603.0114 or 605.0116, submits the following statement in order to change its reg Florida. 1. Name of the limited liability company:	stered office or registered agent, or both, in the State of NB 27 New Mailing Address
2. (a) 7107 SW 21 Street	(b) 2200 NW 72 AVE
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami, FLorida 3315.	P.O BOX 526262
	Miami, FL 33152
October 02, 2014	L 14000154074
3. Date of filing/registration in Florida	4. Document number
5. (a) Matheus Luis Enr	-/·// /\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /\ /
Registered Agent and Registered Office shown on the records of t	e Frontia Dept. of State.
<u> 7480 SW 152 A</u>	
Registered Office Address (MUST BE FLORIDA STREET A	33193 Miami, FL 3316
<u>Miami</u> , FL	33193 Miami, FL 3316
(b) 7107 SW 21st	
Enter name of NEW Registered Agent and/or NEW Registered	ALL AH)
Miami, FLorida	33 10 S
NEW Registered Office Address:	EF STATE
Miami, ,FL	3315 J
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	he registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in limited liability company.
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agr.	Printed or typed name of signee e to act in this capacity. I further agree to comply with the
thereby accept the appointment as registered agent that of provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I knotified in writing of this cludge.	ero act in this capacity. I farmer agree to comply with the verformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been

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