

L15000191824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 SEP - 7 PM 3:44
TOLSON

SEP 07 76"
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cofe Aventura Investors 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:

Rudy Villanueva

Name of Person

Cofe Properties

Firm/Company

7700 N Kendall Dr Suite 705

Address

Miami, Florida 33156

City/State and Zip Code

rvillanueva@cofeproperties.com

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

For further information concerning this matter, please call:

Rudy Villanueva

305

662-6840

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2017

RUDY VILLANUEVA
7700 N KENDALL DR SUITE 705
MIAMI, FL 33156

SUBJECT: COFE AVENTURA INVESTORS, LLC
Ref. Number: L15000191824

FILE
2017 SEP -7 PM 3:44
TALLAHASSEE, FLORIDA

We have received your document for COFE AVENTURA INVESTORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00015162

FILE
2017 SEP -7 AM 10:21
TALLAHASSEE, FLORIDA

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.

Cofe Aventura Investors LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7700 N Kendall Dr. Suite 705

Miami, FL 33156

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7700 N Kendall Dr. Suite 705

Miami, FL 33156

11/16/2015

L15000191824

3. Date of filing/registration in Florida

4. Document number

Mike Verdeja

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7700 N Kendall Dr.

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Suite 705

Miami 33156
FL

Cofe Properties LLC

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7700 N Kendall Drive

NEW Registered Office Address:

Suite 705

Miami 33156
FL

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. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/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 of a member or authorized representative of a member

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00