

L16000118866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

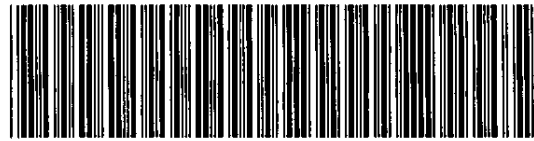
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERN CROSS 1104, 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:

GONZALO SUBERCASEAUX

Name of Person

SOUTHERN CROSS 1104, LLC

Firm/Company

177 OCEAN LANE DRIVE, #1104

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

RDAWSON@FLACPA.COM

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

For further information concerning this matter, please call:

RAQUEL DAWSON, CPA

Name of Person

305 443-1500

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 605.0114 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. Name of the limited liability company: SOUTHERN CROSS 1104, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
177 OCEAN LANE DRIVE, #1104  
KEY BISCAYNE, FL 33149

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
177 OCEAN LANE DRIVE, #1104  
KEY BISCAYNE, FL 33149

3. 06/20/2016 Date of filing/registration in Florida

4. L16000118866 Document number

5. (a) LISETTE SALAZAR  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
200 CRANDON BLVD, SUITE 311  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

KEY BISCAYNE, FL 33149

(b) RAQUEL DAWSON, CPA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3250 MARY STREET, SUITE 301  
NEW Registered Office Address:

MIAMI, FL 33133

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.

X [Signature]  
Signature of a member or authorized representative of a member

6052010 SUPERACASA  
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

INHS18 (2/14)

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