117000057500

(Re	questor's Name)	·· ·					
(Address)							
(Ad	dress)						
· (Cit	y/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	ne)					
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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06/06/13--01011--013 ++25.00



R. WHITE
JUL 0 3 2019



June 20, 2019

JANET MESA 330 EAST 9TH ST UNIT 106 HIALEAH, FL 33010

SUBJECT: CAFETERIA LAS PIEDRAS, LLC

Ref. Number: L17000057500

We have received your document for CAFETERIA LAS PIEDRAS, 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):

there can only be one registered agent on file with this office. Please chose one person to serve as registered agent and resubmit.

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) 245-6050.

Letter Number: 119A00012489

Rebekah White Regulatory Specialist III



INHS18 (2/14)

TO:

Registration Section

COVER LETTER

Division of Corporations						
CAFETERIA LAS PIEDRAS	CAFETERIA LAS PIEDRAS , LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the fo	llowing:				
DAMIAN PORTAL						
Name of Person		-				
CAFETERIA LAS PIEDRAS, LLC						
Firm/Company		-				
330 EAST 9 TH ST UNIT 106						
Address		-				
HIALEAH FL 33010						
City/State and Zip Code		-				
CUBITA.CUBA1975@GMAIL.COM						
E-mail address: (to be used for future and	ual report notifica	ntion)				
For further information concerning this matter,	, please call:					
DAMIAN PORTAL	786	4439157				
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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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. Na	ame of the limited liability company: CAFETERIA	LAS PIE	DRAS , I	LLC			
2. (a)	JUAN CARLOS ALDANA MESIAS	(b) 330 EAST 9 TH ST UNIT 106 HIALE					ALEAH
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
2	03/13/2017	- <u>-</u>	1700005				
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)		u - F1 - 2.7 - F	N				
	Registered Agent and Registered Office shown on the records of to 330 EAST 9 TH ST UNIT 106 HIALEAH FL		ept. or State	: .			
	Registered Office Address (MUST BE FLORIDA STREET A						
	FL			•		2019.	
(b)	DAMIAN PORTAL				;— -: ī		ا المار المار
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	1	:	ယ်	•
	330 EAST 9 TH ST UNIT 106				·	PH 12: 2	
	NEW Registered Office Address:				L.5	: 27	
	HIALEAH	33010					
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registe bility con f the limit	ered office ipany, it is ed liability	e and the busine s hereby confirm y company or a	ess offic med that	e of th the ch	e registered lange(s)
	en Gras	JUAI	V CARLO	OS ALDANA	MESIA	4S	
Signa	ture of a member or authorized representative of a member			Printed or typed r	name of si	gnee	
provisi the obl to mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered office address. I have a change in writing of this change.	ee to act i performar I for in Ch iereby con	n this capa nce of my a napter 605, nfirm that t	icity. I further luties, and I an , F.S. Or, if thi the limited liab	agree to 1 familia is docun ility con	o comp ir with ient is ipany i	oly with the and accept being filed has been
Signatu	re of Registered Agent						