L17000074270

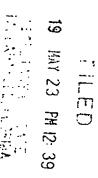
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	. #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/29/19--01028--014 **55.00



O SIMMONS MAY 31 2019



May 9, 2019

VANESSA MANRIQUE 8768 NW 106 TER HIALEAH, FL 33018

SUBJECT: MENENDES INVESTMENT LLC

Ref. Number: L17000074270

We have received your document for MENENDES INVESTMENT LLC and your check(s) totaling \$55.00. 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 319A00009411

RECEIVED MAY 23 2019

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
MENENDES INVESTMENT LI	LC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.			
Please return all correspondence concerning this r	natter to the fo	llowing:			
Vanessa Manrique					
Name of Person		•			
MENENDES INVESTMENT LLC					
Firm/Company					
8768 NW 106 Terrance					
Address		•			
Hialeah, FL 33018					
City/State and Zip Code		•			
menendesinvestmentllc@gmail.com					
E-mail address: (to be used for future annual	report notifica	ition)			
For further information concerning this matter, ple	ease call:				
Vanessa Manrique	786 at (445-9591			
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 ion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following an	nount:				
□ \$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.

I. Na	me of the limited liability company: MENENDES II	NVES	IMENI LI	LC
2. (a)	Pablo F Garcia	(b	(b) Pablo F Garcia	
(4)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11380 SW 236 LN		1406 SV	V 64TH AVE
	Homestead, FL 33032	-	Miami, F	EL 33144
		-		
	04/03/2017	_	L170000	74270
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Pablo F Garcia			
	Registered Agent and Registered Office shown on the records of the President	ne Florida	Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	1	•
	11380 SW 236 Lane			
	Homestead	33032		
(b)	Vanessa Manrique			22
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	<u>iress</u> :	
	President			MI 23 PH IZ
	NEW Registered Office Address:			39
	8768 NW 106 Terrance			-
	Hialeah	33018		
the char agent w was/we	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the l	the regise bility containstant the limited l	stered office impany, it is ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Lignati	ure of a member or authorized representative of a member	- at		Printed or typed name of signee
Naceh Provisio	w accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a chappe in the registered office address. In in writing Miss change.	performe Litterio (ance of my	acity. I further agree to comply with the duties, and I am familiar with and accept \$\tilde{V} \tilde{V} \
Signatur	e of Registered Agent			
	Division of Cornorations P.O. R	av 6327	a Tallaha	con Fl 32314

FILING FEE: \$25.00

480HS18 (2/14)