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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: VILLAVERDE ESTATES 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:
MARIA BIASUTTO Name of Person
Name of Felson
VILLAVERDE ESTATES L
Firm/Company
763 NE 80 ST
Address
MIANI FL. 33138 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
, , , , , , , , , , , , , , , , , , ,
MARIA BIASUTTOat (305)647 - 9014Name of PersonArea Code & Daytime Telephone Numb
Name of Person Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314Tallahassee, Florida 32301Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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	me of the limited liability company: VILLAVERDE ESTATES IIC
		763 HE 80 STREET(b)763 NE 80 STREETPrincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MIAMI FL 33138 MIAMI FL 33138
3.		O61917L17000131818Date of filing/registration in Florida4.Document number
	(-)	RODRIGUEZ SUSANA ELIDA
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		763 NE BO STREET
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		, FL, FL
	(b)	MARIA A. BIASUTTO
		Enter name of <u>WE W Registered Agen</u> and of <u>NE W Registered Office address</u> .
		763 HE 80 51 5
		NEW Registered Office Address:
		MIAHI FL 33138
		, FL
the age wa	cha ent v s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization of the operating agreement of the limited liability company.
		GUILERMO M. DIB
	_	ture of a member or authorized representative of a member Printed or typed name of signee
the to i	e obl mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been fin writing of this change
		maria Brasutio

Signature of Registered Agent

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

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