

L23000177224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

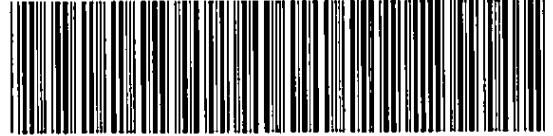
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2023

CSC

SUBJECT: CIBRA LLC
Ref. Number: L23000177224

RESUBMIT

Please give original
submitting date as file date.

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

The new address is not complete in 2(a)&(b) and the Registered Agents address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 723A00027237

RECEIVED
DEC - 1 4 2023
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 137182-005 8365538

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 17, 2023

ORDER TIME : 1:58 PM

ORDER NO. : 137182-005

CUSTOMER NO: 8365538

CHANGE OF AGENT

NAME: CIBRA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIBRA 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:

AGUSTIN ALEMANY

Name of Person

BP TAX ADVISORY LLC

Firm/Company

848 Brickell Ave Suite 203

Address

Miami, Florida 33131

City/State and Zip Code

soportellec@bptax.com

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

For further information concerning this matter, please call:

AGUSTIN ALEMANY

at (305) 4004975

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

1

**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: CIBRA LLC
2. (a) 848 Brickell Ave Suite 203 Miami, Florida 33131
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 848 Brickell Ave Suite 203 Miami, Florida 33131
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 04/10/2023 Date of filing/registration in Florida
4. L23000177224 Document number

5. (a) CSI RA LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
15805 BISCAYNE BLVD SUITE 201 AVENTURA, FL 33160
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
15805 BISCAYNE BLVD SUITE 201
AVENTURA, FL 33160

- (b) BP TAX ADVISORY LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
848 Brickell Ave Suite 203 Miami, Florida 33131
NEW Registered Office Address:
848 Brickell Ave Suite 203
Miami, FL 33131

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

ROGERIO ALBUQUERQUE RIBEIRO

Printed or typed name of signee

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

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TALLAHASSEE, FLORIDA