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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Acuera Capital LLC (Name of I	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Mitchell Frank (Name of Person)		
Acuera Capital LLC (Firm/Company)		
790 Juno Ocean Walk #504C		
Juno Beach FL 33408		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Mitchell Frank	at (561) 601-3700	
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng 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 608.416 or 608.508, 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. The name of the limited liability company is	s: Acuera Capital LLC
2. The mailing address of the limited liability	company is : 790 Juno Ocean Walk #504C
Juno Beach FL 33408	
11/21/2006	M07000001020
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on the records of the
Mitchell Frank	
	Name
1203 Town Center	
Jupiter FL 33458	Address
	y, State and Zip
6. The name and address of the new registered	agent and/or office:
NA:Anhall Frank	Name alk #504C ess (P.O. Box NOT acceptable) 8 FL State and Zip
Mitchell Frank	Nome LCRE 0
Name 790 Juno Ocean Walk #504C	
Florida street addre	ess (P.O. Box NOT acceptable)
luna Darah El 2040	FE S
Juno Beach FL 3340	State and Zin
City,	State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that t	
Mitchell Frank (Printed or typed name of signee)	~ ~~~~
• • •	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in g filed to merely reflect a change in the registered office lity company has been notified in writing of this change.

(Signature of Registered Agent)

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