

NO 5000012519

(Requestor's Name)

(Address)

(Address)

(City/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



000219718330

01/30/12--01043--018 \*\*35.00

RA to ch

FILED  
2012 MAR -9 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 09 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2012

ANDREW CUEVAS  
CUEVAS, ORTIZ & CUBAS, P.A.  
7480 SW 40TH ST, STE 600  
MIAMI, FL 33155

SUBJECT: LA VIA CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000012519

We have received your document for LA VIA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 812A00003357

RECEIVED  
12 MAR -9 AM 8:49  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Via Condominium Association, Inc.  
Name of Corporation:

**DOCUMENT NUMBER:** 005000012519

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Cuevas  
Name of Contact Person:

Cuevas, Ortiz & Cuevas, P.A.  
Firm/Company

7480 SW 4th ST Suite 600  
Address:

Miami, Florida 33155  
City/State and Zip Code

acuevas@cuevaslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Cuevas at 305, 461-9500  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Via Condominium Association, Inc.
2. The principal office address: 9635 NW 1st Court, Pembroke Pines, FL 33024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/14/2005 Document number: N05000012519
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Dargel Napoles

1600 NW 29th Avenue

Miami, Florida 33125

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrew Cuevas, Esq., Cuevas, Ortiz & Cubas, P.A.

7480 SW 40th Street, Suite 600

P.O. Box NOT acceptable

Miami, Florida 33155

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]  
Signature of an officer or director

RAFAEL ORANDAY  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

03/05/12  
Date

If signing on behalf of an entity:

Andrew Cuevas  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
2012 MAR -9 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA