

FILED
Jun 26, 2006 8:00 am
Secretary of State

A

DOCUMENT # P05000082432						05-03-2006 90224 041 ***150.00																									
1. Entity Name MARGARITA ELORDI, P.A.																															
Principal Place of Business 9520 SW 79TH AVE MIAMI, FL 33156				Mailing Address 9520 SW 79TH AVE MIAMI, FL 33156																											
2. Principal Place of Business				3. Mailing Address																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent MELENDEZ VEGA, LLC 9010 SW 137TH AVE SUITE 225 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																											
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																															
SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) DATE _____																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.																															
SIGNATURE: _____				06/17/06 305984099																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																											