

PO 7000042148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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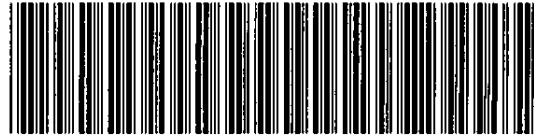
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2008

LA MONARCA TIENDA LATINA INC  
974 SOUTH STATE ROAD 7  
MARGATE, FL 33068

SUBJECT: LA MONARCA TIENDA LATINA INC  
Ref. Number: P07000042148

Our records indicate the registered agent for the above named corporation resigned on February 13, 2008 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain  
Regulatory Specialist II  
Division of Corporations

Letter number: 308A00009736

**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 MONARCA Tienda Latina Inc.
2. The principal office address: 974 S. State Rd 7  
MARGATE FL 33061
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 4/4/07 Document number: 907000042148
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
GUSTAVO COLELLA  
22159 PALMS WAY # 203  
BOCA RATON FL 33433

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

ALCIDES W. RAMIREZ  
15507 CITRUS GROVE BLVD  
(P.O. Box NOT acceptable)  
LOXAHATCHEE FL 33470

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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)

ALCIDES W. RAMIREZ  
(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.

X [Signature]  
(Signature of Registered Agent)

3/18/08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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