

P110006015107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

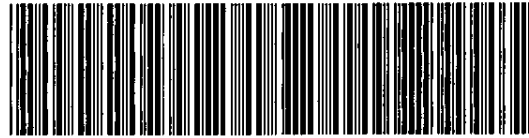
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900214367399

11/23/11--01005--011 **35.00

FILED
11 NOV 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

over 11/29/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LL of Miami, inc
Name of Corporation

DOCUMENT NUMBER: P11000015107

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:

Lazaro Linans
Name of Contact Person

LL of Miami, inc
Firm/Company

18913 NW 45 AVE
Address

Miami, FL 33055
City/State and Zip Code

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

For further information concerning this matter, please call:

Lazaro Linans at (305) 335-7855
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: LL of Miami, Inc
2. The principal office address: 18913 NW 45 AVE
MIAMI GARDENS FL 33055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P11000015107

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)

4281 NW 178 ST
MIAMI GARDENS FL 33055

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

18913 NW 45 AVE
MIAMI GARDENS, FL 33055

P.O. Box NOT acceptable

FILED
11 NOV 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Lazaro Linares
Signature of an officer or director

Lazaro Linares
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.

Lazaro Linares
Signature of Registered Agent

11/18/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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