## L01000009045

Bizroze

72/5 NW assished #209

Mizmi, FC 33122

City/State/Zip Phone #

900007767829-- 1 -03/16/02--01050--013 \*\*\*\*\*25.00 \*\*\*\*\*\*25.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	biarose,	LC					
	(Q	orporation Name)	(Document #)				
2.					SEO:	02 S	
	(Co	orporation Name)	(Document #)		AHAS	SEP 16	<u></u>
3.	(Ca	orporation Name)	(Document #)		RY UF	6 <b>A</b> H	
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4.	(Co	orporation Name)	(Document #)		—要 <sup>mi</sup>	വ	
	☐ Walk in	Pick up time		☐ Certified Copy			
	Mail out	☐ Will wait	☐ Photocopy	Certificate of St	atus		
	NEW FILINGS		<u>AMENDMENTS</u>				
Profit Not for Profit Limited Liability Domestication Other			Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger				
OTHER FILINGS		REGISTRATION/	QUALIFICATION				
ļ	Annual Repo	ort ime	Foreign Limited Partners Reinstatement Trademark Other	ship	. 0		

CR2E031(7/97)

Examiner's Initials

## \* 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 liability company submits the following statement in order to change its registered agent, or both, in the State of Florida.	e unaersignea limitea ed office or registered
1. The name of the limited liability company is: BIGROSE LLC	
2. The mailing address of the limited liability company is: 7225 www 25th	5t. Suite 209.
MIAMI, FLORIOA	33122
11/14/2001 101000019	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the Florida Department of State:	ne records of the
CORPORATION SERVICE COMPANY Name	FIL 02'SEP 16 SECRETAR PAULAHASS
1201 Hays STREET Address	
Address	
TALLAHASSEE, FLORIDA 32301-2525 City, State and Zip	
6. The name and address of the new registered agent and/or office:	9: 25 STALE LORIDA
MARK STUART	
Name	
7225 Now 25th Street Suite 209	
Florida street address (P.O. Box NOT acceptable)	
MIAMI FL 33122	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Floriconfirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a liability company, it is hereby confirmed that the change(s) was/were authorized by the members of the limited liability company or as otherwise provided in the article the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)	he registered office Florida limited an affirmative vote of
MARK STUART	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete perfo and I am familiar with and accept the obligations of my position as registered agen Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)