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•					
(Requestor's Name)					
SILVERMAN & RILEY ATTORNEYS AT LAW 1601 Blake Street, Suite 310 Denver, Colorado 80202					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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SILVERMAN & RILEY

ATTORNEYS AT LAW

1601 Blake Street, Suite 310 Denver, Colorado 80202

Telephone (303) 623-6966 Fax (303) 623-4812

May 31, 2005

Department of State Division of Corporations Corporate Filings PO Box 6327 Tallahassee, Florida 32314

Re: Neighbors Moving & Storage of South Florida, LLC

Dear Clerk:

Enclosed please find Neighbors Moving & Storage of South Florida, LLC's Change of Registered Agent along with a check in the amount of \$25.00.

Thank you.

Very truly yours,

Lori K. Bernstein

LKB:jpg enclosure

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 undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agem, or born, in the blute	oj i ioriaa.				
1. The name of the limited	liability company is:	Neighbor	s Moving & Storage	of South Florida, LL	
2. The mailing address of	the limited liability co	ompany is : _	1571. W. Copans R	Rd. Suite 101	
Pompano Beach, Florid					
10/05/2004			L04000071896		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S	red agent and the regis tate: Louis Massaro	stered office	address as shown on t	the records of the	
	604 Stanton Drive	Name			
,	Ft. Lauderdale FL 3	Address 33326 State and Zi	ip		
6. The name and address o	f the new registered as	gent and/or o	office:		
	Louis Massaro				
	Name 1571 W. Copans Rd. Suite 101				
-	Florida street address	s (P.O. Box	NOT acceptable)		
	Pompano Beach	FL 3304	4		
	City, S	State and Zip	I		
If the limited liability components of the chand the business office of the liability company, it is here the members of the limited the operating agreement of	ange or changes are m	nade, the Flor ill be identic	rida street address of tal. Or, in the case of	the registered office a Florida limited	
Louis Marsavo					
(Signature of a member or authorize		er)			
Louis MAssaro			Million Bar		
(Printed or typed name of signee)					
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	itment as registered a of all statutes relative laccept the obligation its document is being that the limited liabili	gent and agi e to the prot is of my posi filed to mere ty company i	ree to act in this capa Per and complete perf tion as registered age Ply reflect a change in has been notified in w	city. I further agree to ormance of my duties, and as provided for in the registered office orthogon,	

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

INHS18(10/99)

Jouis Massaro (Signature of Registered Agent)

FILING FEE: \$25.00