

205000083014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

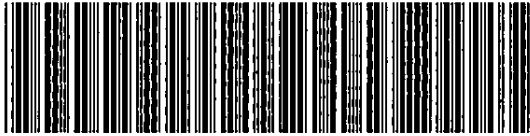
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED ALLIANCE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL F FIGUEREDO
Name of Person

UNITED ALLIANCE LLC
Firm/Company

12555 ORANGE DRIVE, STE 105
Address

DAVIE, FL 33330
City/State and Zip Code

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

For further information concerning this matter, please call.

RAFAEL FIGUEREDO at (954) 839-8714
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 19 PM 2:31
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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.

1. Name of the limited liability company: UNITED ALLIANCE LLC

2. (a) Principal office address of limited liability company: 12555 ORANGE DRIVE

(Note: **MUST BE STREET ADDRESS**) SUITE 105
DAVIE, FL 33330

(b) Mailing address of limited liability company: 12555 ORANGE DRIVE

(Note: **MAY BE POST OFFICE BOX**) SUITE 105
DAVIE, FL 33330

08/22/2005
3. Date of filing/registration in Florida

L05000083014
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: RAFAEL F FIGUEREDO

Registered Office Address: 13790 NW 4TH ST, STE 110
SUNRISE FL 33325 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: RAFAEL F FIGUEREDO

NEW Registered Office Address: 12555 ORANGE DRIVE
MUST BE FLORIDA STREET ADDRESS SUITE 105
DAVIE FL 33330

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 10 MAY 19 PM 3:11
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

RAFAEL F FIGUEREDO
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00