## L05000 105309

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETVRY OF STATE ALLAHASSEE, FLORIDA

P-7 MII:4

## COVER LETTER :

Division of Corporations		
SUBJECT: All City Mortgage, LLC	Limited Liability Company)	
(Name of I	Ellinted Elabinty Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning		
	07 SEP -7 AM 11:49 SECRETARY OF STATE FALLAHASSEE, FLORID	
Marlene Ruiz		
(Name of Person)	888 <u>–                                  </u>	
	mo 3	
All City Mortgage, LLC		
(Firm/Company)	PAR 49	
13370 SW 131 Street, Suite 103	I I	
(Address)		
Miami, FL 33186		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Marlene Ruiz	at (305 ) 253-5363	
(Name of Person)	(Area Code & Daytime Telephone Number)	
•		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tallallassee, Piolida 32314	
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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. The name of the limite	ed liability com	pany is: All City Mor	tgage, LLC	
2. The mailing address o	Ť			eet, Suite 103, Miami,
FL 33186				
10/27/2005			L05000105309	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regist Florida Department of		the registered office	address as shown or	n the records of the
r fortida Department of	Marlene R	uiz		
		Name		
	14707 Sout	h Dixie Hwy, Suite Address	205	
	Miami, FL 3			0
		City, State and Zi	p	7 SE 7 SE
6. The name and address	of the new regi	stered agent and/or o	office:	福宁 王
	Marlene Ru	ii <del>7</del>		OT SEP -7 AM 11:49 SECRETARY OF STATE TALLARIASSEE. FLORIDI
	Manerie I va	Name		阿里
	·	31 Street, Suite 1	··-··	ELOS III
	Florida street	t address (P.O. Box l	NOT acceptable)	
	Miami	FL 3318	36	<u></u>
		City, State and Zip		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or change the registered creby confirmed nited liability c nt of the limited	es are made, the Floragent will be identical that the change(s) wompany or as otherwal liability company.	rida street address o al. Or, in the case o vas/were authorized	of the registered office of a Florida limited I by an affirmative vote
Marlene Ruiz				
(Printed or typed name of signee	)			
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as regi ns of all statule; nd accept the ob this document i n that the limite	stered agent and agr s relative to the prop pligations of my posi s being filed to mere d liability company h	ee to act in this caper and complete per ijon as registered a ly reflect a change ias been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)				

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