t06000015781

(Re	equestor's Name)	
(Ac	ldress)	. = "
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		İ

Office Use Only



t III t

900067683539

单位14/06--01017--062 **100.06

Control H ETHO

100 (SP)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CAG CONSULTING Se (Name of I	ervices, LLC 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	g this matter to the following:
Steve Waserstein	
(Name of Person)	
Ferreil Group Corporate Service	چىرى سىسى كىنا ل
201 South Biscayne Boulevard, 3	34th Floor
(Address)	
Miam, Florida 33131	0
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Steve Waserstein	at (305) 371-8585
(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	ing amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

** 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 limit	ted liability company i	S: CAG Consulting Services, LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address	of the limited liability	company is : 452 Menendez Avenue	Sc.
Coral Gables, Florida	33146		
2/13/06		L06000015781	_
3 Date of filing/registre	ation in Florida	4. Document number	
5. The name of the regis Florida Department of	tered agent and the reg f State:	istered office address as shown on the seco	eds of the
	Scott Colon		
	453 Menendez A	Name Venue	
		Address	
	Coral Gables, Flo	orida 33146 7, State and Zip	
6. The name and address	**	•	
	Ferrell Group Co	orporate Services, LLC	Po H
	201 South Biscay	Name	
		ss (P.O. Box NOT acceptable)	
		• •	
	City,	FL 33131 State and Zip	
confirmed that after the c and the business office o liability company, it is h	change or changes are if the registered agent vereby confirmed that the imited liability companient of the limited liability		stered office a lunited irmative vote
X Satt (alan		
(Printed or typed name of signed	•		
I hereby accept the approximately with the provision and I am familiar with a chapter 608, Fig. Or if address, I hereby confirm	ointment as registered ins of all statutes relati nd accept the obligation in the comment is being in that the limited liabil	agent and agree to got in this capacity. I f ve to the proper and complete performance ms of my position as registered agent as pr filled to merely reflect a change in the reg tity company has been notified in writing o	in ther agree to e of my duties, ovided for in istered office this change
(Signature of Central House)	/	· <u>······</u>	
(U) Divisi		P.O. Box 6327, Tallahassee, FL 32314	

INHS18 (8/05)