

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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Special instructions to Filing Officer:	
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Office Use Only

G. MCLEOD

JAN 22 2010

**EXAMINER** 



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01/21/10--01004--018 \*\*55.00

10 JAN 21 AMII: 50

SECRETARY OF SIRVEY OF SIRVEY

## **COVER LETTER**

Division of Corpo	ations			
SUBJECT:	SANS LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered A	Agent/Registered Offic	e Change ar	nd fee(s) are submitted for filing.	
Please return all correspor	idence concerning this	matter to th	e following:	
	N _			
Svetlan	a Ivachtchenko			
	e of Person			
S	ANS LLC			
	/Company			
1835 E Hallai	ndale Bch Bivd #442	,		
	Idress	<u> </u>		
Hallandale	Beach, FL 33009			
	e and Zip Code			
Svetaiv E-mail address: (to be used	a@yahoo.com or future annual report notific	cation)		
For further information co				
Alena Ivacht	chenko at	( 858 ·	357-6627	
Name of Perso		\ <u> </u>	ea Code & Daytime Telephone Number	
STREET/COURIE	R ADDRESS:	MAII	LING ADDRESS:	
Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building			30x 6327	
2661 Executive Center Circle		Tallah	Tallahassee, Florida 32314	

\$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

\* TO: Registration Section

## STAT MENT 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.

Name of the limited liability company:	SANS LLC
2. (a) Principal office address of limited liability company	18851 NE 29th Ave Ste 900
(Note: MUST BE STREET ADDRESS)	Aventura, FL 33180
(b) Mailing address of limited liability company:	1835 E Hallandale Bch Blvd #442
(Note: MAY BE POST OFFICE BOX)	Hallandale Bch, FL 33009
March 3, 2006	L06000023721
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Mark Katsman
Registered Office Address:	18851 NE 29th Ave Ste 900 Aventura, FL 33180
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Alena Ivachtchenko
<b>NEW</b> Registered Office Address:	S Ocean Drive #3101
(MUST BE FLORIDA STREET ADDRESS)	Hallandale Beach ,FL33009
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited of was/were authorized by an affirmative vote
Alena Ivachtchenko Printed or typed name of signee	7 17
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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