L060000 46490

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COVER LETTER

Division of Corporations			
SUBJECT:	TWUESTORS ADVISOR Limited Liability Company)	<u>, LL</u> C	
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:	-	
GEORGE RATNER	,		
(Name of Person)			
INDEPENDENT IN	UESTURS ADVISOR LIC	200 SI TAI	
(Firm/Company)		006 JUN 26 SECRETAR ALLAHASS	
4900 N. OCEAN	BLUD. #1502	JUN 26 AM 9: 3 RETARY OF STATI AHASSEE, FLORII	Parties of the last of the las
(Address)		AH OF S	
Lauderdale by the	e Sea, FL 33308	AM 9: 36 OF STATE E.FLORID!	المسينة
(City/State and Zip Code)		,	
For further information concerning this matt	er, please call:		
GEORGE RATNER	at (954) 785-426	5	
(Name of Person)	(Area Code & Daytime T		er)
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	ng amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

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 limited liability compa	my is: INDEPENDENT NUESTORS HOUSENALLC.
2. The mailing address of the limited liabi	lity company is: 4900 N. OCEAN BLVD # 1502
	Landerdule by the Jea, FL 33308.
05/04/2006	L06000046490
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	E registered office address as shown on the records of the JODOIN, FRANK A. Name S. COMMERCIAL BIVE # 605 Address Address Address City, State and Zip ered agent and/or office:
4900 Florida street a	Name No Dee AN Blyd. # 1502 Noddress (P.O. Box NOT acceptable) May Dea FL 33308 City, State and Zip
If the limited liability company is not orga confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed to of the members of the limited liability company or the operating agreement of the limited li	
	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.

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