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SECRETARY OF STATE
ALLANASSEE FIORIDA

D. BRUCE

APR 14 2009

EXAMINER

	COVER LETTER			
TO: Registration Section Division of Corporations				
SUBJECT: Success America, LLC			ı	•
(Name	of Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	3.		
Please return all correspondence concerning	g this matter to the following:			
Ina Samovich				
(Name of Person)				
		TALL TALL	9	
(Firm/Company)		ŽŽ.	APR	77
		SSAR	C)	7
8321 SW 165 TERRACE		. HŽ	2	a la
(Address)		FLO	*	O
			33	
MIAMI/ FLORIDA 33157		Þ		
(City/State and Zip Code)				
For further information concerning this mat	tter, please call:	•		
Ina Samovich	at (786) 280-2598			
(Name of Person)	(Area Code & Daytime Telephone Num	ber)		
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. N	ame of the limited liability company: Success A	merica, LLC					
2. (a	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	ny: <u>6881 BAY DRIVE, #4</u> MIAMI BEACH, FL 33141	E				
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8321 SW 165 TERRACE MIAMI/ FLORIDA 33157	B				
	2007	L07000117840					
3. D	ate of filing/registration in Florida	4. Document number					
5. (a	a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of S	tate:				
	Registered Agent:	YAKOV VILLASMIL	<u> </u>				
	Registered Office Address:	6881 BAY DRIVE, #4 MIAMI BEACH, FL 33141	<u> </u>				
	•	<u>ب</u>	- w				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:	इंड हा				
	NEW Registered Agent:	Ina Samovich					
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8321 SW 165 TERRACE	i 😛				
	1.1001 22 1 20112 1 2 1 1 2 1 1 2 1 1 2 1 2	MIAMI,FL3	3157				
that a office herel liabil limit	limited liability company is not organized under the after the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the by confirmed that the change(s) was/were authorized ity company or as otherwise provided in the articles ed liability company.	not address of the registered office and	the business				
VAK	DV VILLASMIL						
(Print	ed or typed name of signee)						
I her comp am fo F.S. confi	reby accept the appointment as registered agent and oly with the provisions of all statutes relative to the primiliar with and accept the obligations of my position, if this document is being filed to merely reflect orm that the limited liability company has been notificated.	agree to act in this capacity. I furthe proper and complete performance of n in as registered agent as provided for a change in the registered office addre ed in writing of this change.	r agree to 1y duties, and I in Chapter 608, 255, I hereby				
(Signa	ature of Registered Agent)	•					
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

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