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K. SALY EXAMINER

OCT 21 2011

COVER LETTER

Division of Corporations			
SUBJECT: 4701 PINEWOOD AV. LLC Name of Limited Liability Company			
Name of 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 this matter to the following:			
Carlos Alonso			
Name of Person			
Firm/Company			
1 mile company			
6910 NW 29th. Ct.			
Address			
Margata El 22062			
Margate,FL. 33063 City/State and Zip Code			
City/State and Zip Code			
camyralonso@bellsouth.net E-mail address: (to be used for future annual report notification)			
12 mail address, to be used for failed mindal report notification)			
For further information concerning this matter, please call:			
• • • • • • • • • • • • • • • • • • • •			
Codes Alexan			
Carlos Alonso at (954) 326-6977			
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 P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

$\mathbf{S}_{\mathbb{R}}$ Attement of change of registered office or registered agent or

E'OTH 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. Name of the limited liability company: 4701	PINEWOOD AV.	uc.		
2. (a) Principal office address of limited liability compan	: 6910 NW 29th. Ct.			
(Note: MUST BE STREET ADDRESS)	Margate,FL 33063	· · · · · · · · · · · · · · · · · · ·		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	200		
SEPT. 11, 2008 3. Date of filing/registration in Florida	L08000086 4. Document number	766		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	The Law Offices Of Nick Sp	oradlin.PLLC.		
Registered Office Address:	12000 N. Dale Mabry Highw Tampa,FL.33618	vay#110		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	Carlos Alonso			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6910 NW 29th. Ct. Margate ,FL33063			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member				
Myriam Alonso Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I fur per and complete performance of ition as registered agent as pro- vely reflect a change in the regis has been notified in writing of t	rther agree to of my duties, vided for in tered office his chänge.		
Division of Corporations, P.O. Box 6327, Tallahassaa, FL 32314				

FILING FEE: \$25.00