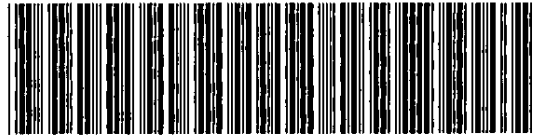


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Apr. 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2010

MANUEL PEREZ / C.D.T. LLC
344 SW 191 AVE.
PEMBROKE PINES, FL 33029

SUBJECT: C.D.T. LLC
Ref. Number: L10000007742

We have received your document for C.D.T. LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00007479

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.D.T. LLC
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:

Manuel Perez
Name of Person

C.D.T. LLC
Firm/Company

344 SW 191 ave
Address

Pembroke Pines, FL 33029
City/State and Zip Code

Mike@Tdlintcorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel Perez at (305) 546-7272
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 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. Name of the limited liability company: C.D.T. LLC

2. (a) Principal office address of limited liability company: 18459 Pines Blvd
 Pembroke Pines, FL
33029
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 18459 Pines Blvd
 Pembroke Pines, FL
33029
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 1-22-2010

4. Document number: L10000007742

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Daymaria Ramon
Registered Office Address: 344 SW 191 ave
Pembroke Pines, FL
33029

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Manuel Perez
NEW Registered Office Address: 344 SW 191 ave
(MUST BE FLORIDA STREET ADDRESS) Pembroke Pines, FL 33029

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.

Daymaria Ramon
Signature of a member or authorized representative of a member

Daymaria Ramon
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Manuel Perez
Signature of Registered Agent

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

FILED
2010 APR - 6 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA