L03000025339

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

Office Use Only



800109620508

09/24/07--01051--002 **25.00

OT SEP 21 PM 12: 09

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HIALEAH ENTERPRISE LLC (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
MICHAEL I. BERNSTEIN, ESQ. (Name of Person)	
MICHAEL I. BERNSTEIN, P.A. (Firm/Company)	
1688 MERIDIAN AVENUE, SUITE 418 (Address)	
(Address)	
MIAMI BEACH, FLORIDA 33139	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
MICHAEL I. BERNSTEIN, ESQ. at (3	05 ₎ 672-9544
(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 amo	unt:
 ✓ \$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. The name of the limite	ed liability company is	S: HIALEAH ENT	TERPRISE LLC	<u> </u>	·
2. The mailing address o	f the limited liability of	company is : 10	055 N.E. 125TH STF	REET, HIALEAH,	
FL, 33010					<u> </u>
07/11/2003			L03000025339		
3. Date of filing/registration in Florida 4. Doct		4. Document numb	er		
5. The name of the register Florida Department of	ered agent and the reginal State:	istered office a	ddress as shown or	the records of t	he
7 ionaa 2 opaninon or	MICHAEL I. BERN	NSTEIN, P.A.			
		Name			
	1680 MICHIGAN A		<u> 736</u>		
	MIAMIDEACH ELC	Address			₽
	MIAMI BEACH, FLC	, State and Zip))7 (<u>₹</u> 8
6. The name and address	_	•	,	SEP 24	CRETATION OF
	MICHAEL I. BERNS	STEIN, P.A.			867E
	1688 MERIDIAN AV	Name ENUE, SUITE	418	PH 12:) F STA POSA
	Florida street addre	· · · · · · · · · · · · · · · · · · ·		12: 09	HONS
	MIAMI BEACH	FL 33139)		ν.
	City,	State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are in the registered agent wereby confirmed that the mited liability compan	made, the Flori will be identica ne change(s) w y or as otherwi	ida street address o l. Or, in the case o as/were authorized	f the registered of f a Florida limite by an affirmativ	office ed e vote
(Signature of a member of author	rized representative of a mem	iber)			
MICHAEL I. BERNSTEIN	, ESQ.				
(Printed or typed name of signee)				
I hereby accept the appo comply with the provision and Vam familiar with an Chapter 648, F.S., Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registered is of all statules relati id accept the obligatio this document is being that the limited liabil	agent and agre ve to the prope ons of my positi g filed to merel lity company hi	ee to act in this cap ir and complete per on as registered as y reflect a change i as been notified in	acity. I further of formance of my sent as provided in the registered writing of this ch	igree to duties, for in office nange.

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