L09000017576

Office Use Only



500212509775

500212509775 09/26/11--01005--029 **25.00

11 SEP 26 PM 4: 13

D. BRUCE
SEP 27 2011
EXAMINER

COVER LETTER

	ration Section on of Corporations							
		,,	. –					
SUBJECT:	SUBJECT: Streamlined Efficiency, LLC Name of Limited Liability Company							
Dear Sir or M	adam:							
The enclosed	Registered Agent/Registere	d Office	Change	and f	ee(s) are submitted fo	r filing.		
Please return	all correspondence concerni	ng this 1	natter to	the fo	ollowing:			
	Kelly O'Shea							
	Name of Person							
	Streamlined Efficiency, L	LC						
	FinibCompany					<u> </u>	4	
· · · · · · · · · · · · · · · · · · ·	16850 Collins Ave #10	6	<u></u> .			ECKE TLAH	• } •	
						TARY OF STAT		
	Sunny Isles, FL, 33160)					!	
	City/State and Zip Code					FLO ST	C	
	info@1streamline.com	1					ı	
E-mail addre	ess: (to be used for future annual repo	rt notificat	ion)	_		Þ		
For further inf	ormation concerning this m	atter, ple	ease call	:				
	Kelly O'Shea	at (305)	336-3993			
	Name of Person	`		Area Co	ode & Daytime Telephone Nu	umber		
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, Florida 32301	ection Registration Section proporations Division of Corporations proporations P.O. Box 6327 e Center Circle Tallahassee, Florida 32314						
Enclos	ed is a check for the follow	ving am	ount:					
\$25	Filing Fee		\$5	5 Fili	ng Fee & Certified Co	ру		

INHS18 (5/08)

• * 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:	Stream	lined Effiicency.	LLC	<u>.</u>		
2. (a) Principal office address of limited liability comp	any:	y: 16850 Collins Ave #106				
(Note: MUST BE STREET ADDRESS)	Sunn 3316	y Isles, FL 0		<u> </u>		
(b) Mailing address of limited liability company:		same		+		
(Note: MAY BE POST OFFICE BOX)				1 1		
2009 3. Date of filing/registration in Florida		20000175				
5. (a) Registered Agent and Registered Office shown			ept, of State:	!		
Registered Agent: Registered Office Address:	Craig	Edward Stein		1		
ttegipte of other radiator,				<u> </u>		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
NEW Registered Agent:	Bradle	ey Gross	FLS S	<u>;</u> (
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2645 Suite West		ve 5 +	- · ·		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized presentative of a member	c Florida st entical. O e(s) was/w herwise pr	treet address of the re r, in the case of a Flo ere authorized by an	egistered office orida limited affirmative vote			
Kelly O'Shea Printed or typed name of signee				,		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	d agree to proper and position as merely refl any has be	act in this capacity. I complete performa s registered agent as ect a change in the r en notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	0		
Division of Corporations, P.O. Box	6327, Tall	ahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)