A0300001440

(Req	uestor's Name)	
(Add	ress)	
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(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
·	iness Entity Nar	
403	ument Number)	f0
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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11/09/10--01001--007 **10.00

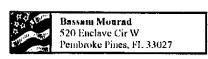
10/12/10--01051--017 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2010

BASSAM MOURAD 13290 NW 45 AVENUE OPA LOCKA, FL 33054



SUBJECT: BML GLOBAL III, LTD. Ref. Number: A03000001440

We have received your document for BML GLOBAL III, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

NOTE THE ADDITIONAL FILING FEE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 110A00024244

PLEASE SEE SEE !.

in adaptate by topology hip a copy of this feet in method calls, or

COVER LETTER

Division of	Corporations				
SUBJECT:					
	Name of Limited Partner	rship or Limi	ted Liabi	lity Limited	l Partnership
DOCUMENT NUMBER: A0300001440)	
The enclosed Stater fee(s) are submitted	ment of Change of Roll for filing.	egistered C	office ar	nd/or Reg	istered Agent and
Please return all con	respondence concert	ning this m	atter to:	:	
	BASSAM MOURAE)			
	Contact Person			_	
	Firm/Company			_	
520	ENCLAVE CIR W	EST			
55145	Address				
	ROKE PINES, FL City, State and Zip Code			_	
·	•				
E-mail address: (t	sam@mourad1. o be used for future annu	com al report not	ification)		
	tion concerning this	-			
	M MOURAD	at (305	_)	594-9577
Name of Cont	act Person	Ar	ea Code	and Daytim	e Telephone Number
Enclosed is a \$35.0	0 check made payab	le to the Fl	orida D	epartmen	t of State.
STREET ADDRE	SS:		MAII	LING AD	DDRESS:
Registration Section				tration Se	
Division of Corpora	ations				rporations
Clifton Building				Box 6327	
2661 Executive Cer Tallahassee, FL 32			Tallal	hassee, FI	J 32314
	201				

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	BML GLOBAL			
Name of Limi	ted Partnership or Limited 1	liability Lim	ited Partnership	
210/01/200	03	3.	A0300001440	
Date of filing/registration	n in Florida	F	lorida document number	
4. The name of the registered ag Department of State:	ent and the registered office	address as s	hown on the records of the	Florida
LAW O	FFICES OF EDUARE	O L. HEF	RNANDE	
	Name		Marie and	
30	6 ALCAZAR AVENU	E, SUITE	203	.ـــــــــــــــــــــــــــــــــــــ
	Address		,, , , , , , , , , , , , , , , , , , ,	O Z
	CORAL GABLES, F	L 33134		S No
	City, State and 2	Zip		8
5. The name and Florida street a	ddress of the new registered	agent and/o	r office:	70
	BASSAM MOU	DAD		بن
	Name	KAD		2
	FOO ENCLAYE OF			ے
——————————————————————————————————————	520 ENCLAVE CIP orida street address (P.O. Bo		able)	
•	•	x not accept	•	
F	EMBROKE PINES	FL	33027	
	City, State and Z	Zip .		
6. Such change(s) is/are effective	e when filed by the Florida	Department (of State.	
Signature of General Partner				
Signature of Ocheral Farmer				
I hereby accept the appointment comply with the provisions of all and I am familiar with an accept	statutes relative to the prop	er and comp	lete performance of my du	
Signature of Registered Agent				
Filing Fee: Certified Copy (optional)	\$35.00 : \$52.50			