A03000001441

Office Use Only



500186233685

10/12/10--01051--018 **25.00

11/08/10--01041--005 **10.00

TO NOV -5 PM 3: 05

D. BRUCE

NOV 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2010

BASSAM MOURAD 13290 NW 45 AVENUE OPA LOCKA, FL 33054

SUBJECT: BML GLOBAL IV, LTD.

Ref. Number: A03000001441

We have received your document for BML GLOBAL IV, 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.

There is a balance due of \$10.00.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 410A00024237

10 NOV -5 PM 3: 05

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BML GLOE Name of Limited Partnership or Limited	AL IV, LTD. ted Liability Limited Partnership
DOCUMENT NUMBER:A	03000001441
The enclosed Statement of Change of Registered C fee(s) are submitted for filing.	ffice and/or Registered Agent and
Please return all correspondence concerning this m	atter to:
BASSAM MOURAD	
Contact Person	
Firm/Company	 ><
520 ENCLAVE CIR WEST	
Address	10 NOV -5
PEMBROKE PINES, FL 33027	
City, State and Zip Code	
sam@mourad1.com	Fig. S. C
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, ple	ase call:
BASSAM MOURAD at (305) 594-9577
Name of Contact Person Ar	ea Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Fl	orida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

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 GLOE	BAL IV, LTD).			
Name of Lin	mited Partnership or Lir			hip		_
210/01/2	003	3.	A03000	A03000001441		
Date of filing/registrat	tion in Florida		Florida docun	nent number	•	
4. The name of the registered a Department of State:	agent and the registered	office address a	s shown on the	records of t	he Flor	ida
LAW (OFFICES OF EDU	JARDO L. HI	ERNANDE			
·····	Na		4.2			
3	06 ALCAZAR AV	ENUE, SUIT	E 203			
•	Add	ress				
	CORAL GABL		34			
	City, Stat	e and Zip				
5. The name and Florida street	t address of the new reg	istered agent and	l/or office:	ç .		
	BASSAM	MOURAD		 <u></u>	.ng ≫ j⊆ps	ن ســ
	Na	me		ָרָ ר		NON-OI
	520 ENCLAV	E CIR WEST		,a 		AO
F	Florida street address (P	O. Box not acce	ptable)			Ċn.
	PEMBROKE PIN	ES FL	33027		n <u>en</u>	- O
	City, Stat	e and Zip		<u>-</u>	מט" "ט"	ÇŅ.
6. Such change(s) is/are effect	ive when filed, by the F	lorida Departmer	nt of State.	787		62) C/I
Ry to	Mercad			>	i»	
Signature of General Partner						
I hereby accept the appointment comply with the provisions of a and I am familiar with an acception of Registered Agent	all statutes relative to the pt the obligations of my	ne proper and con	mplete perform			
Filing Fee	\$35.00					

Certified Copy (optional): \$52.50