

A04 000001340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

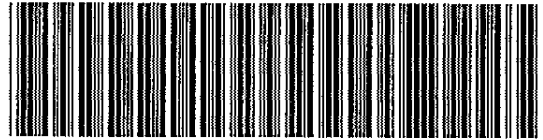
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PALM BEACH COUNTY, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TORADOL LIMITED PARTNERSHIP  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL CHERIAN

(Name of Person)

(Firm/Company)

11406 CANYON MAPLE BLVD

(Address)

DAVIE, FL. 33330

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SAMUEL CHERIAN at ( 954 ) 551 9507  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2006

SAMUEL CHERIAN  
11406 CANYON MAPLE BLVD  
DAVIE, FL 33330

SUBJECT: TORADOL LIMITED PARTNERSHIP  
Ref. Number: A04000001340

We have received your document for TORADOL LIMITED PARTNERSHIP 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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 906A00013005

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06 MAR -6 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. TORADOL LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. AUG. 16th 2004 3. A04 000001340  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SAMUEL CHERIAN

Name

10220 SW. 20th st

Address

DAVIE, FL. 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

SAMUEL CHERIAN

Name

11406 CANYON MAPLE BLVD

Florida street address (P.O. Box not acceptable)

DAVIE, FL. 33330 FL 33330

City, State and Zip

PH 954 551 9507

6. Such change(s) is/are effective when filed by the Florida Department of State.

*Shirley S. Lopez*  
Signature of General Partner

*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.*

*Samuel Cherman*  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA