A06 000000350

(Reque	estor's Name)	
(Addre	ss)	
(Addre	SS)	
(City/S	tate/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
	1	
(Busin	ess Entity Nan	ne)
(Dogu	ment Number)	
(Docui	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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11/09/10--01002--005 **10.00

10/12/10--01051--014 **25.00

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T. C. NIN I C.

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2010

BASSAM MOURAD 13290 NW 45 AVENUE OPA LOCKA, FL 33054

SUBJECT: S&L COMPANIES, LTD

Ref. Number: A0600000350

We have received your document for S&L COMPANIES, LTD and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure vour money is properly credited.

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

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 510A00024244

COVER LETTER

Division of Corpo			
SUBJECT:	S&L COM	MPANIES, LTD.	
SUBJECT: Name of	of Limited Partnership or L	imited Liability Limite	d Partnership
DOCUMENT NUMBER: A060000			0
The enclosed Statement of fee(s) are submitted for fi		d Office and/or Reg	istered Agent and
Please return all correspond	ndence concerning this	s matter to:	
BASS	AM MOURAD		7. 2
Co	ontact Person		TALLAHY SEENET
Fir	m/Company		9-9
520 ENC	LAVE CIR WEST		
	Address		F. C. C.
PEMBROKI	E PINES, FL 33027		第72 日 日 日 日 日
	tate and Zip Code		271.
sar	m@mourad1.com		
	ed for future annual report	notification)	-
For further information co	oncerning this matter,	please call:	
BASSAM MO	OURAD at ((305)	594-9577
Name of Contact Per		Area Code and Daytin	ne Telephone Number
Enclosed is a \$35.00 chec	k made payable to the	Florida Departmen	t of State.
STREET ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center C	ircle	Tallahassee, F	L 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	S&L COMPA	NIES, LTD).		
Nan	ne of Limited Partnership or Limi	ted Liability Lin	nited Partnership		
2. 03	3/08/2006	3	A06000000)350	
Date of filing/registration in Florida		J	Florida document number		
4. The name of the reg Department of State:	istered agent and the registered o	ffice address as	shown on the reco	rds of the Florida	
-	LAW OFFICES OF EDUA Name		RNANDE:		
-	306 ALCAZAR AVE		203	TAL SE	
	Addre		ļ		
-	City, State a			9	
5. The name and Flori	da street address of the new regist	tered agent and/o	or office:		
_	BASSAM M	OURAD		E 20 9	
·	Name	2			
	520 ENCLAVE	CIR WEST		•	
-	Florida street address (P.C		table)		
	PEMBROKE PINES	S FL	33027		
-	City, State a	and Zip			
6. Such change(s) is/ar Signature of General P	re effective when filed by the Flor 	rida Department	of State.		
I hereby accept the app comply with the provis. and I am familiar with	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my p	proper and com	plete performance	ther agree to of my duties,	
Signature of Registered	l Agent				
Filing Fee:	\$35.00				