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EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: ADCO, LTD. (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: A97000002790 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: LINDA K. ADLER (Contact Person) c/o Adler Group, Inc. (Firm/Company) 1400 NW 107 Avenue - 5th Floor (Address) Miami, FL 33172 (City, State and Zip Code) For further information concerning this matter, please call: _{at (} 305 Linda K. Adler (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:**

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS04 (01/06)

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

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.

_L ADCO, LTD.		
Name of Limited Partnership or Limited	Liability Limited Partnership	_
_{2.} 12/19/1997	_{3.} A97000002790	
Date of filing/registration in Florida	Florida document number	
4. The name of the registered agent and the registered office Department of State:	e address as shown on the records of the Flor	⁻ ida
JOEL LEVY		
Name		
1400 NW 107 Avenue		
Address	TAS	20
Miami, FL 33172	E R	Se .
City, State and	Zip ART	2008 SEP 22
5. The name and Florida street address of the new registered	d agent and/or office:	22 PI
LINDA K. ADLER	in the second se	بطالب
Name	FLORI	2: 06
1400 NW 107 Avenue	- 5th Floor	90
Florida street address (P.O. Bo	ox not acceptable)	
Miami	_{FL} 33172	
City, State and	Zip	
6. Such change(c) terme effective when filed by the Florida	Department of State.	
Signature of General Partner Brett W. Harris Executive Vice Presiden	nt	
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with an accept the obligations of my positi Signature of Registered Agent	per and complete performance of my duties,	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50