L0000000036

(Red	questor's Name)	_
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	-	
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
]
		į
		ļ

Office Use Only



300130076193

05/23/08--01043--021 **25.00

O'S MAY 23 PM 1: 33
SECRETARY OF STATE
ALLAHASSEE FLORINA

T. HAMPTON

MAY 2 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Delray Ling (Name of Ling	ton Associates 5, LL (ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Shila Dori Zac (Name of Person)	<u>phi</u>
(Firm/Company)	28
7538 Chester	<u>+r</u>
Boca Raton (City/State and Zip Code)	<u>FL</u> 33433
For further information concerning this matter, ple	ase call:
Shu (a Dosi Zaghi at (Name of Person)	S61 3937355 (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 am-	ount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	ray liston Association, LCC	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 7200 West Camino Real	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Boca Raton FL 33433 +200 West Comino Real Suite 303 Boca Raton FL 33433	
1/6/2000	L00 00 00 00 236	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Daniel Koskel	
Registered Office Address:	7200 West Camino Real	
	501/e303	
	Boca Raton FL 33433	
(b) Enter name of NEW Registered Agent and/or NE		
NEW Registered Agent:	Shila Doni Zaghi	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7538 Chester to	
[AUST DE L'EURIDA STREET ADDRESS]	Boca Raton ,FL 33433	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the charge of the registered agent will be identical.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie (Signature of Registered Agent)	as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32315 2 7		
FILING FEE	:: \$25.00	
INHS18 (05/08)	PH :	