## L00000000629

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Littly Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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09 JUN 25 AM II: 59
SECRETARY OF STATE
SECRETARY OF STATE
AND ASSEE, FLORIC

J. BRYAN

JUN 26 2009

EXAMINER

## COVER LETTER

Division of Corporations		
SUBJECT: PREUSION DEVELOPMENT Name of Limite	d 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 n	natter to the following:	
ADAN PALMER ESQ.  Name of Person	· 	
SCHOEPPL & BURKE P.A.	SECR TALLA	
4651 N. FED HOWY	09 JUN 25 AM 11:59 SECRETARY OF STATE FALLAHASSEE. FLORID	
Bocs RATON & 33432  City/State and Zip Code	STATE FLORIDA	
PRECISION DE LE L'OPTENT LA COUP LE YAITOO. CE-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
	561 361- 9490  Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the following amount:/		
\$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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: Recision	DEVELOPMENT GROUP LUC
2. (a) Principal office address of limited liability company	V: 102 NE 2M ST #285
(Note: MUST BE STREET ADDRESS)	BOCA RATAL FL 33432
(b) Mailing address of limited liability company:	102 NE DAY ST # 295
(Note: MAY BE POST OFFICE BOX)	BOCA PATON, R. 3-3432
01/18/2000	L0000000629 8
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	( 10.30
Registered Agent:	PABLO KAHAN STA 3
Registered Office Address:	Apr. 285  BOCA RATON RC 33 Y DE
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	ADAM AMER ESQ.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4651 N. FED. Howy
	BOCS RATION ,FL 33431
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered office
Signature of a member of authorized representative of a member	_
PABIO KAHAN MGRM	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. On if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00