L0000000 3369

(Re	equestor's Name)	
(Ac	ldress)	·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Name) _
. (Do	ocument Number)	
Certified Copies	_ Certificates of	FStatus
Special Instructions to	Filing Officer:	
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	Office Use Only	MA



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06/08/05--01052--011 **400.00

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. The name of the limited	liability company is:	Liberty (Garage, LLC		
2. The mailing address of t				700 Pacific	,
Street, Brooklyn, NY 11					
3/24/2000			L00000003369		
3. Date of filing/registratio	n in Florida		4. Document number		
5. The name of the registere Florida Department of St	ed agent and the registe tate: Registered Agents o			records of th	le
-		Name		70	05
100 Southeast Second Street, Suite 2900					
Address Miami, Florida 33131			がある。		
City, State and Zip			KA T	8 2	
6. The name and address of the new registered agent and/or office:					± ′
Andrew B. Hellinger, Esq.			A STATE	JUN -8 PM 1: 46	
:	200 So. Biscayne Bi	ame /d.,_Suite	3000	12	O,
Florida street address (P.O. Box NOT acceptable)					
1	Miami	.FL	33131		
-	City, Sta	ite and Zij	,		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is herel the members of the limited the operating agreement of the	inge or changes are mad ne registered agent will by confirmed that the c	de, the Flo be identic hange(s)	orida street address of the recal. Or, in the case of a Flowas/were authorized by an	registered of orida limited affirmative	fice I vote of
(Signature of a member or dulherize	d n prosentative of a memoer)				
Andrew B. Hellinger, Aut	thorized Representat	tive			
(Printed or typed name of signee)	a can provide a service a		**************************************		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or fifth address, I hereby donfirm the (Signature of Registered Agent)	tment as registered age of all statutes relative to accept the obligations is document is being file the limited liability	ent and ag to the prof of my post ed to mer company	ree to act in this capacity. per and complete perform ition as registered agent a ely reflect a change in the has been notified in writin	I further ag ance of my a is provided for registered o ng of this cha	rree to luties, or in ffice inge.

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

FILING FEE: \$25.00

INHS18(10/99)