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2005 DEC 27 P 2: 32

	SE(TALL	RETARY OF STAL AHASSEE, FLORI
(Re	questor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	FILED			
SUBJECT: L.V., L.L.C (Name of Limit	2005 DEC 27 P 2: 32 SEGNETIANY OF STATE ted Liability Company) TALLAHASSEE, FLORIDA			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Michael I Bernstein (Name of Person)				
Michael I Bernstein, P.A. (Firm/Company)				
1680 Michigan Ave, Suite 736				
(Address)				
Miami Beach, FL 33139 (City/State and Zip Code)	· + + +			
For further information concerning this matter, p	please call:			
Michael I Bernsteinat	(305) 672-9544			
(Name of Person)	(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 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 provision liability company submits agent, or both, in the Sta	ons of sections 608.416 or 608.508 ts the following statement in order t te of Florida.	, Florida Statute to change its reg	s, the undersigned istered office or re	l limited gistered
	ed liability company is: L.Y., L.L.C	· · - · - · - · ·		
	of the limited liability company is:	O Box 180357 Bro	ooklyn, NY 11218	⊃ 2: 3 ₂
			SECRETARY OF	F STATE
9/16/2005		L01000009782		
3. Date of filing/registra	tion in Florida	4. Document nu	mber	- <u> </u>
5. The name of the regist Florida Department of	tered agent and the registered office as	address as shown	on the records of t	he
	Michael I Bernstein, ESQ		_	
	Name		— ·	
	8925 SW 148th Street Suite 200			
	Address			.` -
	Miami, FL 33176		 . ,	
	City, State and Zi	p		
6. The name and address	s of the new registered agent and/or o	office:		
•	Michael I Bernstein, P.A.			
·	Name			•
	1680 Michigan Ave, Suite 736			
	Florida street address (P.O. Box I	NOT acceptable)	* \$	
	Miami Beach, FL 3313	9		
	City, State and Zip		1 . 1 .	
confirmed that after the and the business office of liability company, it is hof the members of the lip or the operating agreement.	ompany is not organized under the law change or changes are made, the Floof the registered agent will be identic the end of the change of that the change of the limited liability company or as otherwent of the limited liability company.	rida street addres	s of the registered of e of a Florida limit	office ed
M SHAWSON (Printed or typed name of signe	ee)		~	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or is address, I have by confirm (Signature of Registered Agent	ointment as registered agent and agr ons of all statutes relative to the prop and accept the obligations of my posi fints document is being filed to mere m that the limited liability company i	ree to act in this of eer and complete tion as registered by reflect a chang has been notified	capacity. I further performance of my lagent as provided to the registered in writing of this c	agree to duties, for in office hange.
- (cikirarare or 1/ckipieren Wkeiii	<i>)</i>			