## LO100001218Y

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		·





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09/25/08--01052--007 \*\*425.00

T. HAMPTON

SEP 2 6 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: CHANGING REGISTERED (Name of L	AUENT 17 FLORIDA LLC'S imited Liability Company)
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:
riease teturii an correspondence concerning uns	matter to the following.
Daniel Kaskel	
(Name of Person)	
(Firm/Company)	
7200 W. Camino Real, Such	e 302
Bocq Rata, FL 33133 (City/State and Zip Code)	
•	
For further information concerning this matter, p	please call:
Doniel Kaskel at	(561) 239-2610
(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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following as	mount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
×17	
INHS18 (5/08) \$ 425.00	

## 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. Name of the limited liability company:	or Del Mal, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 7200 W. (OMINO Red Sche 302 Boco Rator FL 33433
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sane
7/24/01	Lo10000 12184
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 A. Kuskel, P.A.
Registered Office Address:	7200 C.J. (gining Real, Scite 33 Bris Aston, PL 33733
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Kodsi Law Firm, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W. Cyptess Creek Road Soute 303 Fort Conderable FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or provided representative of a member)  (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 property of the obligations of my position of the provision of the obligations of the provision of the obligation of the provision of th	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the registered of the limited of organization or the operating agreement of the HARY OF STALL.
(Signature of Registered Agent)	