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D. BRUCE

APR 11 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: MARDON, L.L.C.				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
CESAR FORERO				
(Name of Person)				
MARDON, L.L.C.	OR APR I			
(Firm/Company)	AAA A			
1700 NW 65TH AVENUE SUITE 8				
(Address)	II PH 2: LL SSEE. FLORID			
FORT LAUDERDALE, FL 33313	ADA AUG			
(City/State and Zip Code)				
For further information concerning this matter, plea	se call:			
CESAR FORERO at (9	54) 748-0089			
(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			
INHS18 (8/05)				

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 limite	ed liability company is: MARE	OON, L.L.C.	
2. The mailing address of	f the limited liability company	is : 1700 NW 65TH AVEN	UE SUITE 8
FORT LAUDERDALE, FL	33313		1017
4-8-08		L01000022681	
3. Date of filing/registrat	ion in Florida	4. Document numb	er
5. The name of the register Florida Department of	ered agent and the registered of State:	office address as shown on	the records of the
	CESAR FORERO		
	Name 10052 NW 50TH STREET	3	
	Addre	SS	
	SUNRISE, FL 33351		
	City, State a	ina Zip	
6. The name and address	of the new registered agent an	id/or office:	=
	CESAR FORERO		08, SEG ALL,
	Name 1700 NW 65TH AVENUE	SUITE 8	
	Florida street address (P.O.	Box NOT acceptable)	SSEE
	FORT LAUDERDALE FL	33313	E P
	City, State an	d Zip	SA ?
	npany is not organized under thange or changes are made, the registered agent will be in the confirmed that the change ited liability company or as of the limited liability company.		
	MAIN FURENO.		
(Printed or typed name of signee)			_
I hereby accept the appointment of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered agent ar is of all statutes relative to the d accept the obligations of my his document is being filed to that the limited liability comp	nd agree to act in this capa proper and complete perf position as registered ago merely reflect a change in pany has been notified in w	icity. I further agree to ormance of my duties, ent as provided for in i the registered office oriting of this change.

(Signature of Registered Agent)