

U02000011369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

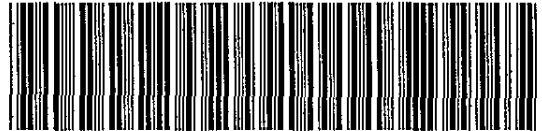
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4/22 R/A Change

U02-11369

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STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

KAREN M. SCIARRETTA
STEVEN A. SCIARRETTA
LL.M. IN TAXATION

GLADES TWIN PLAZA
2300 Glades Road, Suite 302E
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

NEXT DAY UPS

March 31, 2004

Florida Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Change of Registered Agent

Dear Sir/Madam:

Enclosed herein in duplicate original you will find two (2) requests for change of Registered Agent, for Freida Cover LLC & Westie Cover LLC.

Please be so kind as to process these requests and then return all documentation to our office in Boca Raton. A pre-paid, self-addressed return UPS envelope is enclosed for your convenience.

Also enclosed herein is our check in the amount of \$50 as payment for filing fees for these changes.

If you should have any questions as regards to this matter, please do not hesitate to contact the undersigned.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta
SAS/slb
Enclosure



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 9, 2004

STEVE A. SCIARRETTA
2300 GLADES ROAD, SUITE 302E
BOCA RATON, FL 33431

SUBJECT: FREIDA COVER, LLC
Ref. Number: L02000011369

We have received your document for FREIDA COVER, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Also, please write the city of the new Registered Agents address in section 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 104A00023519

**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: Freida Cover, LLC
2. The mailing address of the limited liability company is : c/o Steven A. Sciarretta, P.A.
2300 Glades Road, Suite 302-East, Boca Raton, FL 33431

May 6, 2002

L02000011369

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Margaret Eisenberg

Name

2300 Glades Road, Suite 302-East

Address

Boca Raton, FL 33431

City, State and Zip

6. The name and address of the new registered agent and/or office:

Steven A. Sciarretta, Esquire

Name

2300 Glades Road, Suite 302-East

Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33431
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Margaret Eisenberg

(Signature of a member or authorized representative of a member)

Margaret Eisenberg

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

FILED
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TALLAHASSEE, FLORIDA