

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000102835 3)))



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4PR 18

LLC REGISTERED AGENT CHANGE BENTRANI WATCHES, LLC

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APR 19 2012

Electronic Filing Menu

Corporate Filing Menu

Help

AUDIT No. H12000102835 3

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.

Name of the limited liability company:	BENTRANI WATCHES, LLC
2. (a) Principal office address of limited liability comp	pany: 8880 NW 20TH STREET
(Note: MUST BE STREET ADDRESS)	SUITE A DORAL, FL 33172
(b) Mailing address of limited liability company:	6880 NW 20TH STREET
(Note: MAY RE POST OFFICE BOX)	SUITE A DORAL, FL 33172
06/17/2002	L02000014993
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:	BENSADON, RODNEY R.
Registered Office Address:	8880 NW 20TH STREET SUITE A DORAL FL 33172
(b) Enter name of NEW Registered Agent and/or	71.0 (3
NEW Rogistered Agent:	BENTRANI EXCLUSIVE, LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8880 NW 20TH STREET SUITE A DORAL ,FL33172
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the memoris of the limited liability company or as of the operating agreement of the limited liability company.	- Planida atuat addansa af the saniatored office
Signature of a member or authorized representative of a member	
RODNEY R. BENSADON, AS MANAGER Printed or typed name of signee	
I hereby agept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am finally with and accept the obligations of my Chapter 608, F.S. Dr., if this document is being filed to address, I hereby confirm that the limited liability company.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merety reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box	CAR Trallabarras DI 20214
Division of Cornerations, P.U. Box	032/. 14HAD28800, FL 32314

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00