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(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	; #)
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2006 JUL 31 AM 9: 5

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2006

SCOT SHANE 1456 W. NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442

SUBJECT: MILANO MANAGEMENT LLC

Ref. Number: L02000015161

We have received your document for MILANO MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00047090

COVER LETTER

Division of Corporations		
SUBJECT: MILANO MANAgement LLC (Name of Corporation)		
DOCUMENT NUMBER: L02000015161		هدر بيونان
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ng.	
Please return all correspondence concerning this matter to the following:	75	20
Scot Shave (Name of Contact Person)	ECRETARY LLAHASSE	2006 JUL 31 AM 9: 58
Milawo Brothon Intl	OF STACE	AM 9: 58
1456 W. Newpost Center DRive	-	
Deerfield Beach FC 33442 (City/State and Zip Code)		177.1
For further information concerning this matter, please call:		
SeoT Shave at (954) 420 - 50 (Name of Contact Person) (Area Code & Daytime Teleph	500 one Numb	er)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

COVER LETTER

_				•		
SUBJECT: _	MilANO	MANA Name of Limite	ge ment ed Liability Compar	LLC ny)		·
Dear Sir or Ma	adam:					
The enclosed	Registered Agent/Re	gistered Office	Change and fee(s)	are submitted fo	or filing.	
Please return a	all correspondence co	oncerning this r	natter to the followi	ing:		
	(Name of Person	que	<u> </u>		SECRETAR TALLAHASS	2006 JUL 3 I
MilAN			TC	•	Y OF STAI EE, FLOR	AM 9: 58
1456	W. Neupa (Address)	WI CON	ter DR	<u>.</u>	GA.	58
Deorfi	e D Bench (City/State and Zip (TC Codde)	33442			
For further inf	Name of Person)	this matter, plo	958 4.			(umber)
Registr Divisio Clifton 2661 E:	ation Section n of Corporations Building xecutive Center Circle		Registration Sec Division of Cor P.O. Box 6327	ction porations		
Enclos	sed is a check for the	e following am	ount:	•		
□\$25	Filing Fee	- · ·	\$55 Filing Fe	e & Certified C	ору	
	Division SUBJECT: Dear Sir or Month The enclosed Please return: Milan 1456 STREIN Registr Division Clifton 2661 E Tallaha Enclose	Division of Corporations SUBJECT: MI ANO Dear Sir or Madam: The enclosed Registered Agent/Reference of Scalar Company Miland Brothogs (Firm/Company) 1456 W. Neupo (Address) Deorfield Brack (City/State and Zip (City/St	Division of Corporations SUBJECT: MIANO MANA (Name of Limite Dear Sir or Madam: The enclosed Registered Agent/Registered Office Please return all correspondence concerning this research of the series of the s	Division of Corporations SUBJECT: MI AND MANAGE MENT (Name of Limited Liability Compart) The enclosed Registered Agent/Registered Office Change and fee(s) Please return all correspondence concerning this matter to the following the following states of the following amount: Subject: Manage Ment Subject Sub	Division of Corporations SUBJECT: MIANO MANAGE MONT LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for Please return all correspondence concerning this matter to the following: SIRDER (Name of Person) MIANO Brothors TMC (Pirm/Company) 1456 W. Neupot Grant Brothors (City/State and Zip Code) For further information concerning this matter, please call: STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Division of Corporations SUBJECT: Milano Manage ment LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scot Shave (Name of Person) Milano Brothors Two (Firm/Company) 1456 W. Neupot Canter De (Address) Dearfield Band Tl 33 442 (City/Sizete and Zip Code) For further information concerning this matter, please call: Street/Courier address: Registration Section Division of Corporations (Lifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

· · STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant 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: MilANO MANGEMENT LLC.
2. The mailing address of the limited liability company is: 1456 W. Newport Couler 1
Deerfield Boach IC 33142
6/18/02
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: LiBou, Allen H Esacine Name
Boch RATON EL 33431 City, State and Zip
6. The name and address of the new registered agent and/or office:
Deerfield Beachfl 33442 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 gent 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.
(Signature of a member of authorized epresentative of a member)
Pier Suivali
(Printed or typed name of signee)
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 auties, and I am familiar with analysic the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this deciding the limited liability company has been notified in writing of this change.
(Signature of Registered agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00