

(Re	equestor's Name)	
(Δι	ddress)	·
(7)	.uress)	
•		
(Address)		
(Ci	ity/State/Zip/Phone	<u>.</u>
(0.	.,	,
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(2.		·· <del>···</del>
(Do	ocument Number)	·, ·,
Certified Copies	Certificates	s of Status
•		
Special Instructions to	Filing Officer:	
_		
•		

Office Use Only

G. MCLEOD

JUN - 4 2009

**EXAMINER** 



000156717790

06/03/09--01040--006 \*\*25.00

## **COVER LETTER**

Division of Corporations			
	LA PRESERVE, LLC  Name of Limited Liability Company		
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 m	atter to the following:		
	•		
EN 11 10 01 11/4			
Name of Person			
Name of retson			
LA PRESERVE, LLC			
Firm/Company			
1212 E. BROWARD BLVD, #300			
Address			
	•		
FORT LAUDERDALE, FL 33301			
City/State and Zip Code	<del></del>		
, ,			
E-mail address: (to be used for future annual report notification	on)		
	11		
For further information concerning this matter, ple	ase call:		
EMILIO OLIVA at (at (	954) 522-8004		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following am	ount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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:	LA PRESERVE, LLC	
2. (a) Principal office address of limited liability company	1212 E. BROWARD BLVD #300	
(Note: MUST BE STREET ADDRESS)	FORT LAUDERDALE, FL 33301	
(b) Mailing address of limited liability company:	1212 E. BROWARD BLVD #300	
(Note: MAY BE POST OFFICE BOX)	FORT LAUDERDALE, FL 33301	
3. Date of filing/registration in Florida	L02000016220 4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	TED DOUKAS	
Registered Office Address:	1212 E. BRWOARD BLVD, #300 FORT LAUDERDALE, FL 33301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	EMILIO OLIVA	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1212 E. BROWARD BLVD, #300	
( A COLOR DE LA CO	FORT LAUDERDALE ,FL33301	
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 affirmation of the members of the limited liability company or as otherwise provided in the articles of organizations or the operating agreement of the limited liability company.		
TED DOUKAS  Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my pochage to the configuration of the company of the limited liability company that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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