Florida Department of State

Division of Corporations Public Access System

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: KATZ, BARRON, SQUITERO AND FAUST

Account Number : 072627002473

Phone

: (305)856-2444

Fax Number

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REGISTERED AGENT RESIGNATION

AJ PETROLEUM GROUP, LLC

Certificate of Status	0
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DEC 18 2008

12/16/2008



12/16/2088 18:32 FAX 954 522 5119

Ø 002

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	608.416(2) or 608.509, Florida S	italutes, the undersigned,	
Corpco, Inc.		, hereby resigns as	
(Name of Reg	inhund Agent)	, moof resigns as	
Registered Agent for AJ PETR	OLEUM GROUP, LLC	C AS	80
		<u></u>	DEC 17
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(A	and of Limited Liability Company)	ある	
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A copy or mis resignation was made	a to the above listed limited light	lity company at its last known address.	C
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THE SECRET IS TO UNIVERSE OF STATE OF	ice discontinued on the 37st day;	erbel rise one cut Aurou nus zezismaur is visor	
	(Signature of Resigning Ag	ent)	
70 * * 1-1-16-6			
If signing on behalf of an entity:	J		
	Howard L. Friedberg		
	(Typed or Printed Name)	 	
	Vice President		
	(Capacity)		

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

INH917 (01/05)

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(Requestor's Name)			
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M. THOMAS

DEC 19 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: ABSOLUTE RENOVATION & Relains LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Cook (Name of Person)
Absolute Renovation & Relais LLC (Firm/Company)
63 Dayron Road (Address)
For further information concerning this matter, please call:
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (561) 932 - 413 4 (Area Code & Daytime Telephone Number)
(Alea Code of Daytine Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \$\$\$ \$60.00 Filing Fee, \$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \$\$\$\$ \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$\$\$\$\$\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on June 8,2006 Florida document number LO6 000058583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

(Zip Code)

MGR = Mar MGRM = M	nager Ianaging Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM Perations n	PHILIP Marrone	4280 S. Landar Dr. Lakeworth, FL. 33463-8913	Add Remove		
MGRM Operations	manager Cook	63 Payton Ad. Lakeworth, FL 33467	Add Remove		
m GR Treasure	Ronald Maggio	2811 Grande Parkway APT. 204 Palm Beach, Gardens, Fle 33410	Add Remove		
Treasures	PH: Ilip Marrowe	4280 5 Landar Dr. Lakeworth, Fl. 33463-8913	Add Remove		
·	David Cook	63 Dayton Rd. For 33467	Remeye F		
MGR Vic <u>e Presid</u> e	i Ronald Maggio	2811 Grande Par Kway APT. 204 Palm Beach Contens, Fr. 3	Mo E		
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
$\overline{\mathcal{R}}$	emove PHILLIP Marrows	e as operations manager of	and		
<u>Ju</u>	easurer. ADDing David C	ook as operations manage	gand		
	of President Alling P	Lonald Moggio as Treasure	es, and		
$\underline{\nu}$	ice President		_		
Dated 10	\M\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	or authorized representative of a member			
Typed of printed name of signee					
Page 2 of 2					

Filing Fee: \$25.00

* If aftending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: