## L0200000009649

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## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: CHI I & ED, LLC	
(Name of Limited Liability	Company)
DOCUMENT NUMBER: L02000029649	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Mr. Ed Humphrey	
(Name of Person)	tand the second of the second
Chi I & ED, LLC—	
(Name of Firm/Company)	tide of the second
3355 NE 33rd Street,	
(Address)	. ; <b>;</b> −
Fort Lauderdale, Florida 33308	
(City/State and Zip Code)	1 15
For further information concerning this matter, please call:	
Brent J. Humphrey at ( 954	561-8789
(Name of Person) (Area Cod	e & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

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

				0200-	-20	
Pursuant to the provisio liability company submit agent, or both, in the Stat	s ine jouowing statemer	or 608.508, Fi it in order to c	orida Statute hange its reg	isierea onice a	r recurrent.	2
1. The name of the limite	ed liability company is:	CHI I & ED	LLC	TATT ATTASS	E. FLORID,	1
2. The mailing address o	f the limited liability cor	npany is:3	355 NE 33r	1 Street, Fo	rt Lauderd	lale,
Florida 33308		de de la <u>resella de la co</u>	and the second			77. 14. Si
7 7 6 2002						
November 6, 2002  3. Date of filing/registrat	ion in Florida	4.	020000029649 Document nu			• .
5. The name of the registe Florida Department of		ered office addı	ess as shown	on the records	of the	
	Irene Walcutt	<u> </u>	<u> </u>	<u>_</u> faka	; •	• • •
	3355 NE 33rd					, - ,
		Address	<u> - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - </u>	<u>.</u>		, .
	Fort Lauderda	le, FL 33308 State and Zip	} 			i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela c
6. The name and address						
	-					
	Ed (Humphrey	lame	· - 1"	-	<b></b> '	
	3355 NE 33rd	Street	t:=	, - <del>-</del>		je ti
	Florida street address	(P.O. Box <b>NO</b>	Γacceptable)			
	Ft. Lauderdal		<u> </u>		-	, "je
	City, St	ate and Zip		<del>-</del> -		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are ma the registered agent will reby confirmed that the d liability company or a	ide, the Florida l be identical. ( change(s) was/v s otherwise pro	street address  Or. in the case	of the registere	ed office	
Signature of a member or auth	ized representative of a member	)	. Га.	· · · · ·		. <del>.</del> .
(Printed or typed name of signee)	<u> </u>	<u> </u>	*:. /// / // / / / / / / / / / / / / / /			, ,
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address I hereby confirm	intment as registered ag is of all statutes relative this document is being fi that the limited liabilin	ent and agree to to the proper a of my position of to merely as	o act in this c nd complete i as registered flect a chang	apacity. I furth performance of agent as provide e in the register	er agree to my duties, ted for in red office	

**FILING FEE: \$25.00** 

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

INHS18(10/99)