## L02000030312

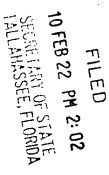
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(enjiotate/2.jp/ None //)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u> </u>		
Special Instructions to Filing Officer:		
<u> </u>		





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02/22/10--01026--002 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: DUO HALLANDOLE	11.C	
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:		
an DC CC o		
Mi'ver Pfeffer Name of Person		
Duo Hallandale LLC		
Firm/Company		
2421 1004112 20		
743/ Coglina De		
North Bay Village, Fl 33/4/ City/State and Zip Code		
City/State and Zip Code		
opfeffer@triadhp.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Wive Preffec at (	954 ) 472-3050	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i aitaitassee, i tottaa sasta	
Enclosed is a check for the following amount:		
\$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 liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: DUO HA	MARIONE LLC
2. (a) Principal office address of limited liability compan	y: 2431(094, vade
(Note: MUST BE STREET ADDRESS)	NICH Bry Villinge, F/33141
(b) Mailing address of limited liability company:	243 (Coquing DR
(Note: MAY BE POST OFFICE BOX)	North Bay Village, F133141
3. Date of filing/registration in Florida	<u>L02000030312</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Triad Residential Management
Registered Office Address:	2900 N. 26+n 周短 第108
	Hollywood, Fl. \$30200 =
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	
NEW Registered Agent:	Oliver Ptetter 57 2
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7431 Coquina Dave 0
	North Bay Village ,FL 3314
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
Printed or typed name of signee	<del>_</del> .
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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