## L0200030346

i
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instrictions to Filing Officer, GAVI
NEW PO address
MTE 7/15/08
OF EXAM Self

Office Use Only



400132315724

07/14/08--01045--002 \*\*25.00

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS OF CORPORATIONS

B. Tallen JUL 15 IIIA

## COVER LETTER

то:	Registration Section Division of Corporations			
	ECT: Airport Retail, LLC (Name	e of Limited Liability Company)	6	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concernin	ng this matter to the following:		
Eileen	J. Fine			
	(Name of Person)			
Airport	Retail, LLC c/o R.E. Management of (Firm/Company)	NE		
111 Ea	ast Jericho Turnpike, Suite 200			
	(Address)			
Mineo	la, NY 11501			
14111100	(City/State and Zip Code)	<del></del>		
For fu	rther information concerning this ma	atter, please call:		
Eileen	J. Fine	at ( 516 ) 747-3876		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
·.;	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## STÄTEMENT 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.

Airport P	otoil II.C	_
1. Name of the limited liability company: Airport R	etali, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	ny: c/o R.E. Managment of Northeast 111 East Jericho Turnpike, Suite 200	
	Mineola, NY 11501	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(Note: MAT DE TOST OFFICE BOA)		0
		SEC VISI
May 8, 2008 11/13/02 _	L02000030346	SEE SEE
3. Date of filing/registration in Florida	4. Document number	ARY F C
5. (a) Registered Agent and Registered Office shown	on the records of the Elevide Dent of St	P CRPC
3. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of St	STATE
Registered Agent:	USA Flea Market, LLC	
Registered Office Address:	11721 US Highway 19	6
Registered Office Address.	Port Richey, FL 34668	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Robert White	
NEW Registered Office Address:	Gulfport Plaza Inc.	
(MUST BE FLORIDA STREET ADDRESS)	13(( Forestedge Blvd. Oldmar ,FL 3	4677
	Oldinai	4077
If the limited liability company is not organized under that after the change or changes are made, the Florida's office of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authoriz liability company or as otherwise provided in the article limited liability company.  (Signature of a member or authorized representative of a member)	treet address of the registered office and se case of a Florida limited liability com	the business pany, it is
Februah Malakan		
Eshagh Malekan (Printed or typed name of signee)	<del></del> .	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflec confirm that the limited liability company has been not	nd agree to act in this capacity. I furthen t proper and complete performance of m tion as registered agent as provided for i t a change in the registered office addre ified in writing of this change.	agree to y duties, and l n Chapter 608, ss, I hereby
Robert White (Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)