## 102000030739

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

December 10, 2004

## Re: Statements of Change of Registered Agent

Dear Sir/Madam,

In accordance with Section 608.416 of the Florida Statutes, we submit herewith for filing duly executed Statements of Change of Registered Agent for the following Florida Limited Liability Companies:

- 1. VILLAZZO, LLC
- 2. PORTOFINO PARTNER, LLC
- 3. PORTOFINO PENTHOUSE II, LLC
- 4. 440 SOUTH HIBISCUS, LLC
- 5. 10 PALM LLC

We also enclose herewith a check made payable to the Florida Division of Corporations in the amount of \$125.00, representing a filing fee of \$25.00 per Statement of Change hereby filed.

Should you have any questions regarding this filing, please address them to the undersigned by phone or by email (richard.freeman@villazzo.com).

Sincerely,

Richard A. Freeman, Esq.

info@vi∏azzo.com

Villazzo LLC

## 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.

| 1. The name of the limited   | liability company is:  | 440 SOU   | TH HIBISCUS, LL   | .C  |  |
|--|--|---|---|---|--|
| 2. The mailing address of the  |  |   |   |   |  |
| 119 WASHINGTON AVE   |  |   |   |   |  |
| NOVEMBER 18, 2002  |  |   | L02000030739  |   |  |
| 3. Date of filing/registration   |  | 4. Document number  |   |   |  |
| 5. The name of the registere Florida Department of Sta   |  |   | address as shown or   | the records of the  |  |
| _  | 2601 S. BAYSHORE<br>MIAMI, FL 33133  | Name<br>E DR., SUI<br>Address<br>State and Zi                           | <u> </u>  | PILE D<br>2004 DEC 14 PH<br>DIVISION OF CORPO   |  |
| 6. The name and address of the new registered agent and/or office:   |  |   |   |   |  |
| RICHARD A. FREEMAN, ESQ.   |  |   |   | ORATIO<br>FLORID  |  |
| 119 WASHINGTON AVENUE, SUITE 504   |  |   |   |   |  |
|  | Florida street address   | (P.O. Box I   | NOT acceptable)   |   |  |
| <u>N</u>   | MAMI BEACH,  | FL 33139  | 9   | er"   |  |
|  | City, St   | ate and Zip   |   |   |  |
| If the limited liability compactonfirmed that after the charand the business office of the liability company, it is hereby the members of the limited I the operating agreement of the state of the limited of the state of the st | nge or changes are made registered agent will be confirmed that the  | ide, the Flor<br>I be identica<br>change(s) w                           | ida street address of<br>al. Or, in the case of<br>as/were authorized   | f the registered office<br>f a Florida limited<br>by an affirmative vote of   |  |
| 6 15   |  |   | <del></del>   | · ' .   |  |
| (Signature of a member of authorized CHRISTIAN JAGODZINS   |  | ·)  |   |   |  |
| (Printed or typed name of signee)  | <u></u>  | *   |   |   |  |
| I hereby accept the appoint, comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the  | ment as registered ag<br>of all statutes relative<br>accept the obligations<br>of document is being fi<br>at the limited liability | ent and agre<br>to the prope<br>of my posit<br>led to mere<br>company h | ee to act in this cap<br>er and complete per<br>ion as registered a<br>ly reflect a change i<br>as been notified in | acity. I further agree to<br>formance of my duties,<br>gent as provided for in<br>In the registered office<br>writing of this change. |  |
| (Signature of Registered Agent)  |  |   |   |   |  |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314   |  |   |   |   |  |

**FILING FEE: \$25.00**