LOQOOOOSERIA DE SIESTO DE

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



07/28/03--01044--004 **35.00

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 AUG 13 PM 3:57

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 6, 2003

DWAINE FORAY 318 INDIAN TRACE #509 WESTON, FL 33326

SUBJECT: FORAY L.L.C. Ref. Number: L02000031826

We have received your document for FORAY L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 703A00045079

SECRETARY OF STATE
DIVISION OF CORPORATIONS

August 11, 2003

03 AUG 13 PM 3:57

Division of Corporations, State of Florida Attn: Agnes Lunt

Reference: Letter #703A00045079

Dear Miss Lunt:

Enclosed is a Change of Registered Agent form for Foray, LLC. We were informed by Marcia that the wrong form had been previously submitted.

Also enclosed is a copy of the check which was submitted with the original paperwork. As you can see, it was in the amount of \$35.00 and cleared our bank on 7/29/03.

Please change the registered agent as soon as possible, as the previous registered agent has sold his home and is moving and therefore will be unable to accept anything on our behalf.

Thank you for your assistance.

Dwaine Foray 954-385-8800

Via Federal Express

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

BOTH FOR LIMITED LIABILITY COMPANY

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 of a registered of the state of the st

| agent, or both, in the State of Florida. | 3.400.13.41.3.2 |
|---|---|
| 1. The name of the limited liability company is: | Foray, LLC |
| 2. The mailing address of the limited liability com | |
| 33326 | |
| November 26, 2002 | 1.000000011000 |
| November 26, 2002 | LO2000031826 |
| 3. Date of filing/registration in Florida | 4. Document number |
| The name of the registered agent and the register Florida Department of State: Edward Kreiling | red office address as shown on the records of the |
| 2668 Edgewater Driv | Name e |
| Weston FL 33332 | ddress |
| • • | ate and Zip |
| 6. The name and address of the new registered age | at and/or office: |
| Dwaine Foray | |
| 2900 Glades Circle, S | me Suite 325 |
| Florida street address (| P.O. Box NOT acceptable) |
| Weston FL 33326 | FL |
| City, Sta | te and Zip |
| and the business office of the registered agent will liability company, it is hereby confirmed that the cl | le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or |
| Vitora | |
| (Signature of a member or authorized representative of a member) | |
| Dwaine Foray | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered age, comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of | nt and agree to act in this capacity. I further agree to of the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change. |

(Signature of Registored Agent)

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

FILING FEE: \$25.00

INHS18(10/99)