

LD30000002398

(Requestor's Name)

David M. Rogero, P.A.
2600 Douglas Road, Suite 600
Coral Gables, FL 33134

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

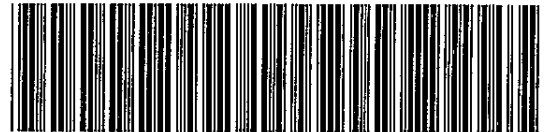
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SECURITY DIVISION
TALLAHASSEE, FLORIDA

7-27-04



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 9, 2004

DAVID M. ROGERS, P.A.
2600 DOUGLAS RD, STE 600
CORAL GABLES, FL 33134

SUBJECT: THECEU.COM, LLC
Ref. Number: L03000002398

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

The form you submitted is to change the registered agent of a corporation. Please complete the enclosed form to change the registered agent of a limited liability company.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 004A00044139

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TALLAHASSEE, FLORIDA

**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: THECEU.COM, LLC
2. The mailing address of the limited liability company is : 5226 ALTON ROAD,
MIAMI BEACH, FL 33140

01/22/2003

L03000002398

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CACCAMO, JOSEPH A.

Name

311 STIRLING RD

Address

FT LAUDERDALE, FL 33312

City, State and Zip

6. The name and address of the new registered agent and/or office:

DAVID M. ROGERO

Name

2600 DOUGLAS ROAD, SUITE 600

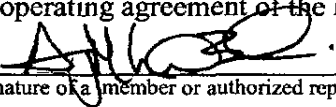
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134

City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

ANGELA M. LOMBARDI, MANAGER/MEMBER

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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