
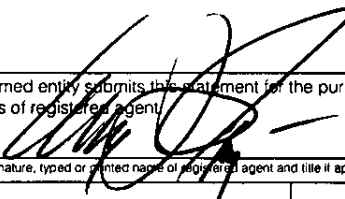
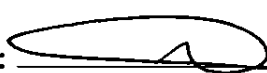


DOCUMENT # L03000008060					
1. Entity Name ARIZONA FEDERAL, LLC					
Principal Place of Business 7333 CORAL WAY MIAMI, FL 33155			Mailing Address 7333 CORAL WAY MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent					
DAVIDE, ANTHONY L 7333 CORAL WAY MIAMI, FL 33155					Name Myron
					Street Address 7333 Coral Way
					City Miami
					State FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIDE, ANTHONY L 7333 CORAL WAY MIAMI, FL 33155				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP					<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the provisions of the Florida Limited Liability Company Act, and that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were a natural person.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					