

L03 000013 266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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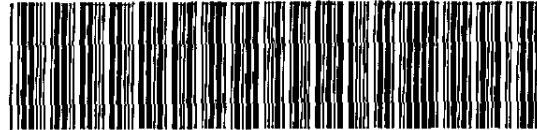
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JACK B. PACKAR, P.A.
ATTORNEY AT LAW

JACK B. PACKAR, ESQ.

CORPORATE & BUSINESS LAW
MARITAL & FAMILY LAW
PERSONAL INJURY
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May 2, 2005

State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: APPD ASSOCIATES, LLC

Gentlemen:

In regard to the above captioned matter, enclosed please find the following:

1. Statement of Change of Registered Office or Registered Agent;
2. This firm's check in the sum of \$30.00 representing the filing fee (\$25.00) and the certified copy fee (\$5.00); and
3. Self addressed stamped return envelope.

Should you have any questions or require additional information or documentation, please call.

Very truly,

JACK B. PACKAR, P.A.

By: 

Jack B. Packar, Esq.

JBP/dv
Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: APPD ASSOCIATES, L.L.C.
2. The mailing address of the limited liability company is: 3860 SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021
3. Date of filing/registration in Florida: 4/11/2003
4. Document number: L03000013266
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name: JACK B. PACKAR, ESQ.
Address: 3860 SHERIDAN STREET
City, State and Zip: HOLLYWOOD, FL 33021
6. The name and address of the new registered agent and/or office:
Name: JACK B. PACKAR, ESQ.
Address: 4700-J SHERIDAN STREET
City, State and Zip: HOLLYWOOD, FL 33021

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)

PHILLIP DEAN

(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) JACK B. PACKAR

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

IN11818(10/99)

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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