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T. CLINE
MAY - 8 2008
EXAMINER

## MONTELLO & ASSOCIATES, P.A.

2750 N.E. 185<sup>th</sup> Street, Suite 306 Aventura, Florida 33180

Telephone: (305) 682-2000 Facsimile: (305) 682-3669

May 6, 2008

## **VIA FEDEX**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Zero to the Left LLC (the "Company")

Ladies and Gentlemen:

Enclosed please find the Change of Address for the Company. Also enclosed is our check in the amount of \$25.00 for payment of the filing fee. If you have any questions please contact me.

Sincerely,

Yanet Gutierrez,

Legal Assistant

**Enclosures** 

## 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 limit	ted liability comp	pany is: Zero to the	Left LLC		
2. The mailing address of	of the limited lial	bility company is : 2	750 N.E. 185th Stre	et, Suite 306	1
Aventura, Florida 3318	30				
04/14/2003			L03000013449		
3. Date of filing/registration in Florida		<del></del>	4. Document number	r	
5. The name of the regist Florida Department of	tered agent and the State:	he registered office a	address as shown on th	he records of th	ıe
	Louis R. M	ontello		-4 1-3	
		Name		AK SA	
	777 Brickell	Avenue, Suite 10	070	2008 MAY SECRET	branch
	NASS PLANS	Address		TAI TAI	THE MARKETER STREET
	Miami, Florid	City, State and Zir		SEA 7	الميادية إ
C 791	6.1	•		mor A	Direction of the Contract of t
6. The name and address	of the new regis	tered agent and/or of	ffice:	15.1	18 mm
	Louis R. Mo	ntello		AM 10: 52 OF STATE E, FLORIDA	
		Name	······································	A A	
	2750 N.E. 18	35th Street, Suite	306		
	Florida street	address (P.O. Box N	OT acceptable)		
	Aventura,	FL 3318	0		
		City, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or change f the registered a creby confirmed nited liability con it of the limited	s are made, the Flori gent will be identica that the change(s) wan mpany or as otherwi liability company.	ida street address of the	he registered of	ffice
Randy Dorfman, Mana	ager				
(Printed or typed name of signee)	)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Of it address, The Confirm	intment as regist is of all sydules i d'acceptine bbli historiument is luatine imited	tered agent and agre relative to the prope igations of my positi being filed to merely liability company ha	e to act in this capaci r and complete perfor on as registered agen reflect a change in t is been notified in wri	ty. I further as mance of my d t as provided fo he registered o ting of this cha	ree to uties, or in ffice inge.
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00