

L03 0000 35957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

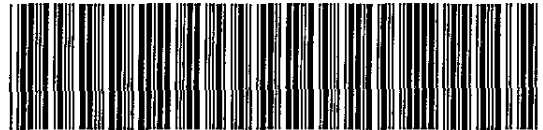
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRANITE FINANCIAL PARTNERS, LLC
(Name of corporation)

DOCUMENT NUMBER: L03000035957

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIL STERNBACH
(Name of person)

GRANITE FINANCIAL PARTNERS, LLC
(Name of firm/company)

407 SE 9TH STREET, SUITE #300
(Address)

FORT LAUDERDALE, FL 33316
(City/state and zip code)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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For further information concerning this matter, please call:

GIL STERNBACH at (954) 332-1202
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 10, 2004

GIL STERNBACH
GRANITE FINANCIAL PARTNERS LLC
407 SE 9TH STREET STE. 100
FORT LAUDERDALE, FL 33316

SUBJECT: GRANITE FINANCIAL PARTNERS, LLC
Ref. Number: L03000035957

We have received your document for GRANITE FINANCIAL PARTNERS, 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):

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 604A00032224

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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: GRANITE FINANCIAL PARTNERS, LLC
2. The mailing address of the limited liability company is : 407 SE 9TH ST., SUITE 100, FORT LAUDERDALE, FL. 33
9-22-03 L03000035957
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:

DIMITRIOS LELLOS
Name
101 NE 3RD AVE., STE. 1500
Address
FORT LAUDERDALE, FL. 33316
City, State and Zip

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

GIL STERNBACH
Name
407 SE 9TH ST., SUITE 100
Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33316
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

JAMES MORAN
(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