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PICK-UP WAIT MAIL			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

07 JUL -6 PH 4: 2

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AMERICAN PROPERTIES, LLC (Name of Limited Liability Company)				
Dear Sir or Madam: The enclosed Registered Agent/Registered Office Cheller Please return all correspondence concerning this mat				
STEUEN BOSSO. (Name of Person)	<i>₩</i>			
AMERICAN PROPERT	IES LCC			
9300 SW 103 (Address)				
Miami FL. 3317 (City/State and Zip Code)	<u></u>			
For further information concerning this matter, please call:				
STEVEN BOSSON at (2) (Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amou				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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:A Me	ERICAN PROP	ERTIES
2. The mailing address of t	the limited liability company is:	9300 50	2 103 ST
MIAMI	KORIDA	33176	
09/29/	HORIDA Do 0 3 on in Florida	L 030000	36 686
3. Date of filing/registration	on in Florida	4. Document number	
5. The name of the register Florida Department of St	Name 1437 SOPERF Address CORAL GAB City, State and Z	address as shown on the	e records of the
-	Address CoRAL GAB City, State and Z	155 Floriof	1 33,34
6. The name and address of	f the new registered agent and/or	office:	
	File new registered agent and/or STEVEN Name 9300 SW /0 Florida street address (P.O. Box MIAMI FL City, State and Zip	3 ST NOT acceptable) 3 3 /76	FILED 2007 JUL -6 PH 4:: SECRETARY OF STATALLAHASSEE. FLOR
and the infined habitity comp	ange or changes are made, the Flo he registered agent will be identic by confirmed that the change(s) ted liability company or as other of the limited liability company.	wide street address of the	eliacistanad affica
STEVEN (Printed or typed name of signce)	BOSSON		
277 1 (tment as registered agent and ag of all statutes relative to the prot accept the obligations of my post is document is being filed to mere hat the limited liability company	ree to act in this capacit per and complete perfort ition as registered agent ely reflect a change in th has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent)			

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