103000037230

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300184511273

09/01/10--01012--020 **25.00 .

10 SEP - 1 AM 10: 48
SECRETARY OF STATE
TALL AMASSEF, FLORIDA

D. BRUCE

SEP 0 2 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Panna Café Express LLC. Name of Limited Liability Company	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ligia Palaeio Name of Person	
Panna Café Express LLC. Firm/Company ALC. Firm/Company	
Panna Café Express LLC. Firm/Company 5722 South Flamingo Rd. \$\frac{1}{265}\$ Address Cooper City, FL. 33330-3206	
Cooper City, FL. 33330 - 3206 City/State and Zip Code	
Palacio E pannaca fé. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ligia Palacio at (954) 889 8384 Ext. 502 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 amount:	
\$25 Filing Fee \$\times \text{S55 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. Name of the limited liability company: Panna	OD L' Express LLC.
2. (a) Principal office address of limited liability compan	5722 South Flamingo Rd. #265
(Note: MUST BE STREET ADDRESS)	y: 5722 South Flamingo Rd.#265 Cooper City, FL. 23330-3206
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5722 South Flamingo Rd. #265 Cooper City, FL. 33330-3206
09/30/2003	L03000037230
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Hauricio Heneses
Registered Office Address:	2620 Weston Rd. Weston, FL. 33331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: 57722 South Flamingo Rd. #265 Cooper City, FL. 33330-3206 5722 South Flamingo Rd. #265 Cooper City Cooper City FL 33330-3206
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compants of the limited liability compants of the limited liability compants of a member of signee	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my plant I am familiar with and accept the obligations of my plant I compared to the compared to the limited liability compared to the liability compared to the limited liability compared to the liability	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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

Signature of Registered Agent