## L030000 49088

(Re	equestor's Name)	•			
(Ac	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL.			
(Bu	isiness Entity Nam	ne)			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:	·			
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1		COVER LETTER	
-	TO: Registration Section Division of Corporations		
	SUBJECT: BLUE COAST GROUP, (Name	LLC of Limited Liability Company)	
<i>[</i>	Dear Sir or Madam:  The enclosed Registered Agent/Registere Please return all correspondence concerns	d Office Change and fee(s) are submitted for filing.	
نام <del>ح</del> ة :	FERNANDO DACOSTA (Name of Person)	<del></del>	06 AL
	BLUE COAST GROUP, LLC	CREARSER SER	
	(Firm/Company)  1911 NW 150 AVE B-1		G. SER
	(Address)		
	PEMBROKE PINES, FL 33027 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
	For further information concerning this m	natter, please call:	
	FERNANDO DACOSTA	at (954) 436-4220	
	(Name of Person)	(Area Code & Daytime Telephone Numb	er)
	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	

☐ \$55 Filing Fee & Certified Copy

**✓** \$25 Filing Fee

Enclosed is a check for the following amount:

## 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:	•	·		
. The mailing address of the limited liability company is: 1911 NW 150 AVE SUITE B-1				
PEMBROKE PINES, FL 33027		·		
12/01/2003	L03000049088			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown on the recor-	ds of the		
FERNANDO DACO	STA			
	Name	90		
2853 EXECUTIVE PA		OS AUG-		
	Address	岛 5		
WESTON, FL 33331	·	製した		
City,	State and Zip	图 2		
6. The name and address of the new registered ag	gent and/or office:	PH 4: 17		
FERNANDO DACOSTA		揺って		
Name 1911 NW 150 AVE SUITE B-1				
Florida street address	(P.O. Box NOT acceptable)			
PEMBROKE PINES	FL 33027			
City, S	tate and Zip			

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 of authorized representative of a member)

## **FERNANDO DACOSTA**

(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 FILING FEE: \$25.00