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(Requestor's Name)					
(Address)					
(Add	(Address)				
(City/State/Zip/Phone #)					
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PICK-UP	WAIT	MAIL			
(Bus	iness Entity Nan	ne)			
(Doc	ument Number)	···			
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Empire Haban (Name of Limited)	a LLC Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Mark Rakeman (Name of Person)	SECRETARY OF SECRETARY OF CORE			
(Firm/Company)	PR 4:			
330 Tuxedo hane	= 955			
West Palm Beach, FC	<u>33 4</u> 0/			
For further information concerning this matter, plea	ase call:			
(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	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)

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 li	ability company is:	Empire	Habana.	LLC
2. The mailing address of the		*	_	
330 Tuxed	·			3401
12/22/2003		/ 2	4000000	159
3. Date of filing/registration	in Florida	4. Docu	ment number	.75 /
5. The name of the registered Florida Department of State	Baleman BR Cleman Vest Palm B	Mark L ine his St, Ste	s shown on the rec 403 43340/	ords of the
6. The name and address of the	he new registered agent	and/or office:	,	
F	Nam Nam Nam Nam Nam Nam Nam Nam	ne CO 644 O. Box NOT acc	eptable)	SECRETARY DE CORI
of the limited liability compared from the change and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of	ge or changes are made registered agent will be confirmed that the cha	, the Florida stree e identical. Or, in ange(s) was/were	t address of the reg the case of a Flori authorized by an at	istered office da limited ffirmative vote
Signature of a member of authorized (Printed or typen name of signee)	representative of a member) L. Bakema	in_		
I hereby accept the appointmomply with the provisions of and I am familiar with and accepter 608, F.S. Or, if this address, I hereby confirm that	ent as registered agent fall statutes relative to scept the obligations of document is being filed to the limited liability co	and agree to act the proper and co my position as re to merely reflect ompany has been t	in this capacity. Is implete performant of the case of a change in the resulting conting continuous contin	further agree to se of my duties, rovided for in gistered office of this change.
(Signature of Registered Agent)		***-		

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