## L04000006214

(Requestor's Name)							
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## **COVER LETTER**

•	on Section of Corporations		-		
SUBJECT:E	Dade Bay Investment (Name of L		LC lity Company)		
Dear Sir or Mada	m:				
The enclosed Reg	istered Agent/Registered O	ffice Change	e and fec(s) are submitted for filing.		
Please return all c	correspondence concerning	this matter to	the following:		
Ray Galind	0				
	(Name of Person)		- · · · · · · · · · · · · · · · · · · ·		
Dade Bay I	nvestment Group, LI (Firm/Company)	LC	2005 DEC 22 PM 4: 50 DIVINION OF VORPORATIONS TALLAHASSEE, FLORIDA		
12555 S.W	. 34th Place		2 PH		
	(Address)		FERRE		
Davie, FL 33	(City/State and Zip Code)		TIONS ORIDA		
For further inform	nation concerning this matte	er, please cal	ł:		
Ray Galindo		at (954	y 915-9617		
(N	ame of Person)		(Area Code & Daytime Telephone Number)		
Registratio Division of Clifton But 2661 Execu	f Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed	is a check for the followin	g æmount:			
<b>□\$2</b> 5 Fil	ing 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 limite	ed liability company is:	Dade Bay	Investment Group,	LLC	
2. The mailing address of					
2. Internating data of	. 110		Davie, FL 33330		
04/00/0004			<del></del>	······	
01/20/2004			L0400006214		
3. Date of filing/registrati	ion in Florida	•	4. Document numl	ber	
5. The name of the registe Florida Department of	ered agent and the registe State:	ered office a	ddress as shown or	n the records of the	
•	Ray Galindo				
		Name		9 13	
	12555 S.W. 34tl				
	Davie, FL 33330	Address			
	City, S	State and Zip	)	\$ 20 F	
6. The name and address	of the new registered ag	gent and/or of	ffice:	PILED PH 4: 50 PILED PH 4: 50 PINALLAHASSEE, FLORID	
	Lynda Sullivan			TO E.	
	N	lame		A 10 0	
	12555 S.W. 34th			マジ	
	Florida street address	(P.O. Box N	OT acceptable)		
	Davie	FL 3333	0		
	City, Sta	tate and Zip			
If the limited liability comconfirmed that after the cland the business office of liability company, it is her of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are ma the registered agent will reby confirmed that the nited liability company of the limited liability	ade, the Flori Il be identica change(s) w or as otherwing company.	ida street address o	of the registered office	
Ray Galindo					
(Printed or typed name of signee)		on on		<b>**</b> -	
I hereby accept the appoint the appointment of the provision and I am familiar with appointment of the provision of the provi	intment as registered ag is of all statutes relative d accept the obligations this document is being fi that the limited liability	gent and agre to the prope s of my positi iled to merel y company hi	ee to act in this cap er and complete per ion as registered as y reflect a change i as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	<del></del>				
Divisio	on of Corporations, P.C	O. Box 6327,	, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18 (8/05)