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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Taurus Stornoway Inve	stments LLC
(Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
· Linda Kassof	
(Name of Person)	<del></del>
Taurus Investment Holdings, LL	C 4. 7
(Firm/Company)	SECAN OF
1350 E Newport Center Dr Ste 2	TILLED  RECRETARY OF TALLAHASSEE.F
(Address)	P 3: 51
Deerfield Beach, FL 33442	OR W
(City/State and Zip Code)	DE 5
For further information concerning this matter,	please call:
Alvcia Perez	t ( 954 ) 428-4585 X 216
(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 a	amount:
√\$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:	Taurus S	Stornoway	Inve	stmen	ts ]	LLC	<u></u> .
2. The mailing address of the limited liability co	ompany is : <u>1</u>	.350 E <u>N</u> e	ewport	Ctr	Dr :	Ste	<u>20</u> ,6
Deerfield Beach, FL 33442		•					
2/13/2004		L0400001	12075				
3. Date of filing/registration in Florida		4. Documer	it numbei				
5. The name of the registered agent and the regis Florida Department of State:	stered office a	iddress as sh	own on tl	ne recor	ds of	the	
Howard L Dal	le					•	
	Name		···				
200 W Forsyth	<mark>h St. Ste</mark> Address	1100	<del></del>				,
Jacksonville					_		
City,	State and Zip		7	35.	3	-17	1
6. The name and address of the new registered ag	gent and/or of	ffice:	į	CRET	1007 23	Trans	
_Linda Kassof				SSR	23	•	П
	Name		_	HO	U	7	-
1350 E Newport				TIS		•	
Florida street address	s (P.O. Box N	OT accepta	ble)	유로	بب ۳ <i>ن</i>		
Deerfield Beach	n <sub>FL</sub> 3344	2		DE.	ــــ	•	
City, S	State and Zip						
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	nade, the Flori ill be identica e change(s) wa or as otherwi	ida street add II. Or, in the as/were auth	dress of the case of a forized by	he regis i Florida y an affi	tered a limi irmati	office ted ve vo	te ·
(Signature of a member or authorized representative of a member	er)						
Linda Kassof							
(Printed or typed name of signee)							
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 606, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of Registered Agent)	gent and agree to the prope s to the prope is of my positifiled to merel ty company ha	ee to act in the er and compl ion as regist y reflect a ch as been notij	his capac ete perfo ered ager jange in i lied in wr	ity. I furmance it as pro the reginations of	irther of my ovided stered this o	agre dy duti d for i d offic chang	e to es, in re ee.
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