## 604000015244

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SECRETARY OF STATE SIVISION OF CORPORATIONS

J. BRYAN MAY 1.6 2006

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PRESTO SEAFOOD, (Name	LLC. e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
Ernesto Sanchez Es (Name of Person)	TARYOF CORP
Ernesto Sanchez P (Firm/Company)	.A. ?: PATE
(Carin Company)	
815 Ponce de León Boulevard	, Suite P-306
(Address)	
Coral Gables, Florida 33 (City/State and Zip Code)	3134
For further information concerning this	matter, please call:
Ernesto Sanchez P.A.	at ( 305 ) 441-2040
(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 foll	lowing amount:
<b> √</b> 1\$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.

<ol><li>The mailing address of the limite</li></ol>	d liability company	is: 2800 Glades Circle, Su	<u>ite 104</u>
Weston, Florida 33327			*
February 25, 2004		L04000015244	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered agent Florida Department of State:	and the registered o	office address as shown on t	he records of the
	Luis Luz		
	Name		
	2800 Glades Circ Addres		VC
		SECTE JVISIONY	
Weston, Florida 33327 City, State and Zip			# Sign
	•	•	
6. The name and address of the new	registered agent an	d/or office:	FILE TARY OF CO
	Ernesto Sanchez P.A.		<b>12 Republic</b>
	Name		N AA
815 Pc	once de León Boule	evard, Suite P-306	-5 JOH
Florida s	street address (P.O.	Box NOT acceptable)	<u> </u>
Cora	l Gables, FL	33134	
	City, State an		
of the limited liability company is not confirmed that after the change or claim the business office of the register iability company, it is hereby confirmed the members of the limited liability that the operating agreement of the limited liability that the liability that the limited liability that the liability that the liability that the lia	nanges are made, the red agent will be id rmed that the chang ity company or as o	e Florida street address of t lentical. Or, in the case of a e(s) was/were authorized by therwise provided in the art	he registered office a Florida limited v an affirmative vote
Signature of a member of authorized represent.	ative of a member)	<del></del>	
1 Alla	1	ARDO, MANAGE FO	>
(Printed or typed name of signee)	> LUIS LUE	HENO, MANITURIE	<del>-</del>
I hereby accept the appointment as comply with the provisions of all stand I am familiar with and accept the Chapter 608, F.S. Or, if this document of the Market of the M	registered agent an tutes relative to the se obligations of my ent is being filed to mited tiability conf	proper and complete perfor position as registered ager merely reflect a change in it any hay been notified in wr	ity. I further agree to rmance of my duties, at as provided for in the registered office iting of this change.
A the	lenesto	Sauger	
(Signature of Registered April)	ERNESTOS	ANCHEZ DRESTAGN	VT, ERNESTO
, , ,		6327, Tallahassee, FL 32	314

**FILING FEE: \$25.00**