10400017058

	(Reque	estor's Name)
	(Addre	SS)	
	(Addre	ss)	
	(City/S	tate/Zip/Phor	ne #)
PICK-U	iP	☐ WAIT	MAIL
	(Busin	ess Entity Na	me)
	(Docur	nent Number)
ertified Copies		Certificate	es of Status
Special Instruction	is to Filir	ng Officer:	
ne		_	
dability		_	
ument miller	- 19/2·v		
	DCC.	Office Use O	niy
1 .g	הטר	-	•
. भ' • r	nac		
See Stroment	DCC		
P. Verifyer	- 10	#2c	



200037972612

08/19/04--01005--008 **190.00

TARTETERY OF 20 TO 20 TO

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Port Offices, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L04000017058
Please return all correspondence concerning this matter to the following:
Frank P. Crivello (Name of Person)
Port Offices, LLC (Name of Firm/Company)
3408 Dover Road (Address)
Pompano Beach, FL 33062 (Ĉity/State and Zip Code)
For further information concerning this matter, please call:
Frank P. Crivello at (954) 532-0240 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

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 limit	ted liability company is:	Port Offic	es, LLC	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	<u>::"</u> ;		
2. The mailing address of			•						
3408 Dover Road, Po							ي دوهو		
March 3, 2004		· -	L04000017058						
3. Date of filing/registration in Florida		4. Document number							
5. The name of the regis Florida Department of	f State: William Darter	stered office	address a	s shown or	the reco	ords of the	e 		
	5051-6 Park Lake	Name Drive) e es = =		سويا الساء	·		
. ,	Melbourne, FL 329	Address 01							
< m	•	State and Z	•	AL	13. 13.				
6. The name and address	· ·	•	omce:	2	TORRE	77			
	Frank P. Crivello	<u> </u>		مشر وي . وي <u>ش .</u>	AUG 19	-			
	3408 Dover Road	Name	· _ .	ताः (7) क ⊑ार्मा	7 P				
	Florida street addres	s (P.O. Box	NOT acc	eptable)		J			
	Pompano Beach	FL 3306	2	5 - 2 m	25		-		
• *	City, S	State and Zip	+						
If the limited liability co confirmed that after the and the business office of liability company, it is hit the members of the limit the operating agreement	change or changes are n	nade, the Flo	rida stree	t address o	f the regi	stered of	fice		
(Signature of a member or author)	orized representative of a memb	er)	~ i · ·		٠.		.,		
Frank P. Crivello, Mar (Printed or typed name of signe		<u> </u>	,	et (*		· 147		
I hereby accept the application of the comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confirm (Signature of Registered Agent)	ointment as registered a ons of all statutes relative nd accept the obligation of this document is being that the limited liabili				acity. I j rformanc gent as p in the reg writing o	further as e of my b rovided f sistered c of this cha	gree to luties, or in office inge.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

FILING FEE: \$25.00