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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Darsan Holdings LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sander P. Dorfman (Name of Person)		
(Firm/Company)		
3135 Kingston Court		
West Palm Beach, FL 33409 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Sander P. Dorfman at (561) 876-6833 (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:		
■ \$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.

agent, or som, in the state of Frontia.	1.1.4
1. The name of the limited liability company is: Darsan Holdings	LLC
2. The mailing address of the limited liability company is:	•
3135 Kingston Court, West Palm Beach, FL 33	<u> 3409 </u>
03.04.2004 L0400001	17456
3. Date of filing/registration in Florida 4. Document num	
5. The name of the registered agent and the registered office address as shown of Florida Department of State: Corporation Services Company Name 1201 Hays Street Address Tallahassee FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: Sander P. Dorfman 3135 Kingston Court Florida street address (P.O. Box NOT acceptable)	SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO
West Palm Beach FL 33409	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of F confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company.	of the registered office
(Signature of a member or authorized representative of a member) Sander P. Dorfman (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cae comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered a Chapter 608, 528. Or if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in (Signature of Registered Agent)	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office in writing of this change.

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