4000024565

TRAILERMAY, INC 6020 NW 17TH Court MIAMI, FL 33-166	-						
(City/State/Zip/Phone #)							
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(Business Entity Name)	-						
(
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SECTION OF THE STATE OR TO



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 23, 2004

TRAILERMAX,INC 6020 NW 77TH COURT MIAMI, FL 33166

SUBJECT: AA TRAILERMAX LLC Ref. Number: L04000024565

We have received your document for AA TRAILERMAX LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call, (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 104A00041524

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submi	ons of sections 60 ts the following sta te of Florida.	8.410 or 608. atement in ord	308, Florida Statute der to change its reg	s, the und istered off	ersigned ice or reg	limite zistere
1. The name of the limit	ed liability compar	ny is: <u>AA T</u>	railermax LLC			
2. The mailing address of					, 	
		***	Miami, Fl.	33166		
3/31/04		L04000024565				
3. Date of filing/registra	_	4. Document number				
5. The name of the regist Florida Department of	ered agent and the State:	registered offi	ce address as shown	on the reco	ords of the	÷ .
	William G	ray/Regis Name	tered Agent/V	₽		
	7597 NW 7			_		
	Tamarac, 1	Address Fl. 33321		-		
		City, State and	Zip	· ≥ £	2	
6. The name and address	of the new register	ed agent and/	or office:	#\ E\:		n e
	Elizabeth	Gray/Reg	istered Agent,	ASS VP	1 37	
	7597 NW 74	Name 4th Ave			n £	Π
	Florida street ad	dress (P.O. Bo	ox NOT acceptable)	E. FLORID	œ. ₹ ?	J
	Tamarac	FL	33321	ÍDÃ	ហ	
	Ci	ty, State and 2	Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes a the registered ager reby confirmed that d liability company	re made, the I it will be iden t the change(s y or as otherw	lorida street address tical. Or, in the case was/were authorized	of the regi: of a Florid d by an aff	stered offi la limited irmative v	vote of
(Signature of a member or autifor	zed representative of a n	nember)	,			
William Gray						
(Printed or typed name of signee)			-			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registeres of all statutes rel d accept the obliga his document is be that the limited lia AY	ed agent and a ative to the pr tions of my po ing filed to me bility compan	igree to act in this ca oper and complete pe sition as registered a crely reflect a change y has been notified in	pacity. I fi erformance igent as pr in the reg writing of	urther agn of my du ovided fo istered off this char	ree to ities, r in fice ige.
(Signature of Registered Agent)	77					•

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

INHS18(10/99) FILING FEE: \$25.00