W04 0000 26 372

From Origin ID (305)329-3710 JC PALACIOS SCOTT J. PL" JIGON, P.A 169 E. FLAGL: F. STREET SUITE 1640 MIAMI, FL 33131
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2004

SCOTT J. PERDIGON 169 FLAGLER ST. STE 1640 MIAMI, FL 33131

SUBJECT: CAPITAL TITLE LLC Ref. Number: L04000026372

We have received your document for CAPITAL TITLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or 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: 004A00038685



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:	pital Title LLC
2. The mailing address of the limited liability company	y is: 9100 South Dedekund Blud
PH2-1802 Miami PL 33	156
417104	L0400026377
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State: Rosert Perch, Nam 169 East Plan Address Address Online The Paramontal State of St	ess 3131
6. The name and address of the new registered agent ar	and Zip id/or office:
Scott J. Perdin Name 9100 South Dad Florida street address (P.O. Mian FL City, State ar	leland Rud PH2 - 1202. Box NOT acceptable) 33156 ad Zip
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company (Signature of a member of authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent are comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of not Chapter 608. F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company. (Signature of Registered Agent)	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or my.
Division of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)