## L04000059301

(Requestor's Name)  (Address)  (Address)  (Address)	Δ <sub>c.</sub> 500051803495				
Weston, FL 33331  (City/State/Zip/Phone #)					
(Business Entity Name)  (Document Number)	04/28/0501035012 **75.00				
Certified Copies Certificates of Status	- -				
Special Instructions to Filing Officer:  LG4 - 547 6  Office Use Only	05 MER 28 FM 2: 22  TALLA SATELATOA				

## 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 limi	ted liability company is:	Progressive Re	edevelopment	t, LLC		
	of the limited liability co				e, Suite	e 2B,
Weston FL 33331	or	panij 10 ·				
7/22/04		L04	000054301			
3. Date of filing/registra	ation in Florida	4. Do	ocument numb	er		
5. The name of the regis Florida Department o	stered agent and the regis f State: Ira Weintraub	tered office addres	s as shown on	the reco	rds of t	the
	1111 Brickell Bay D	Name Prive #1407				
	Miami, FL 33131	Address				
	City,	State and Zip	•			
6. The name and address	s of the new registered ag	gent and/or office:		至	9	, : <del>=</del>
	Maru Arauz				05 MPR	
	2771 Executive Par	Name k Drive Suite 2B		F-1	82	
	Florida street address	(P.O. Box NOT a	cceptable)	EE, FLERIDA	P!1 2: 22	- H
	Weston	<sub>FL</sub> 33331			2:2	•
	City, S	tate and Zip		DA E	10	
confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement	mpany is not organized to change or changes are most the registered agent wi- ereby confirmed that the ted liability company or a of the limited liability co- prized representative of a member	ade, the Florida str Il be identical. Or, change(s) was/wer as otherwise providom pany.	eet address of in the case of re authorized b	the regis a Florid ov an affi	stered d a limite irmativ	office ed e vote of
James T. Webb						
Printed of typed name of signe	e)	<del></del>				
I hereby accept the appe comply with the provision and I am familiar with a Chapter 608, F.S. Or if address, I heraby confirm	ointment as registered ag ns of all statutes relative nd accept the obligation; this document is being f n that the limited liabilit	tent and agree to a to the proper and s of my position as lied to merely refle y company has bee	ct in this capa complete perfo registered age ect a change in n notified in w	city. I fit ormance int as pr the regi riting of	ırther d ? of my ovided istered f this cl	igree to duties, for in office hange.

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

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

(Signature of Registered Agent)