

(Requestor's Name)		
(Address)		
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Statu	s
Special Instructions to Filing Officer:		

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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
·		
SUBJECT: CUSCOVEL, LLC		
Name of Li	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Anna O Harris Fra		
Ana C. Harris, Esq. Name of Person		
Cela Advisors		
Firm/Company		
9100 S. Dadeland Blvd, Suite 15	500	
Miami, FL 33156 City/State and Zip Code		
aharris@celaadvisors.com E-mail address: (to be used for future annual report not	tification)	
For further information concerning this matter	r, please call:	
	at (305)667-8123	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$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.

1. Name of the limited liability company:	CUSCOVEL, LLC	
2. (a) Principal office address of limited liability company	8932 Crighton Woods Court	
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32819	
(b) Mailing address of limited liability company:	same as above	
(Note: MAY BE POST OFFICE BOX)		
8/2/2004	L04000057101	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Ana C. Harris, Esq.	
Registered Office Address:	2332 Galiano St Suite 250 Coral Gables, FL 33134	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	stays same-Ana C. Haras Esc.	
(MUST BE FLORIDA STREET ADDRESS)	<u>Suite 1500</u> <u>Miami</u> , ,FL33156	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member		
Ana C. Hawin		
Ana C. Harris Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Segnature of Registered Agent		

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