

L040000067685

2004 OCT 11 P 12: 56

SECRETARY OF STATE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

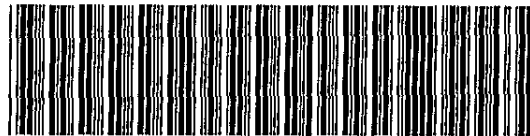
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400041700944

10/11/04--01031--002 \*\*25.00

**STRAUS & EISLER, P.A.**  
*Attorneys at Law*

**FILED**

*Arnold Straus, Jr.*  
*Michael J. Eisler*

2004 OCT 11 P 12: 56

*1528 Weston Road*  
*Weston, Florida 33326*  
*Broward: (954) 349-9400*  
*Facsimile: (954) 349-9300*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 5, 2004

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: LEXOR, LLC**

To Whom It May Concern:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with our firm check payable to your order in the amount of \$25.00. Please provide confirmation of filing when available. I am enclosing a return envelope for your convenience.

Very truly yours,

**STRAUS & EISLER, P.A.**



Michael J. Eisler, Esq.  
For the Firm  
MJE/kjg  
Enclosure  
cc: Bonnie Colman

**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: LEXOR, LLC
2. The mailing address of the limited liability company is : 1952 HARBOR VIEW CIRCLE  
WESTON, FLORIDA 33327

SEPTEMBER 17, 2004

L04000067685

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAEL J. EISLER, ESQ.

Name

1528 WESTON ROAD

Address

WESTON, FLORIDA 33326

City, State and Zip

6. The name and address of the new registered agent and/or office:

BONNIE COLMAN

Name

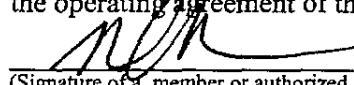
1952 HARBOR VIEW CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

WESTON FL 33327

City, State and Zip

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)

MICHAEL J. EISLER, ESQ., ATTORNEY FOR LLC

(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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