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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Granteed Cellutions of Plande, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eric A. Jacobs, Esq. (Name of Person) Eric A. Jacobs, PA (Firm/Company)		
1911 Harrison St (Address)		
Hollywood (7 33020 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Eric A. Jacobs at (954) 9290679		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$55 Filing Fee & Certified Copy		

in the same

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.

agent, or both, in the State of Florida.	
	inteed Cellutions of Florida, LL
2. The mailing address of the limited liability company i	s: 1901 Emmons Ave, Suite 212
Brooklyn, NY 11235	·
11/23/04	LØ4000085023
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:	fice address as shown on the records of the
1916 Cordova (Address	Road
Ft. Lader dul	L FL 33316 dZip = ~
6. The name and address of the new registered agent and	/or office:
Eric A. Jacobs E Name	LAR SS
1911 Harrison st	
Florida street address (P.O. E	Box NOT acceptable) 33020 PROPERTY OF STATE OF
Hollywood FL	
City, State and	•
If the limited liability company is not organized under the confirmed that after the change of changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company	e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote herwise provided in the articles of organization .ny.
(Signature of a member of authorized representative of a member)	
(Printed or typed name of signee)	Ma.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am fartiffer with and accept the obligations of my Chapter city fif. S. Or, if this document is being filed to address. Hereby confirm that the limited liability composition of the complete of the	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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