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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

J. BRYAN

MAR 23 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Name of Person Name of Person ROSON UL ROSON UL REPRESENTATION
Firm/Company
3301 NE 1ST AUE 177 17.2009
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEnone Rosa at 355 528-8400 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:
\$25 Filing Fee \$25 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 608.2 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company:	lone Rosa LLC	
2. (a) Principal office address of limited liability compan	y: JEROME ROSALLC	
(Note: MUST BE STREET ADDRESS)	3301 DE 15 AUS #4. 2009 MILAMI, FLOCIDA 33134	
(b) Mailing address of limited liability company:	DERME ROSALL	
(Note: MAY BE POST OFFICE BOX)	3301 NE 15 Aus at H 2000 Myan: FC 33137	
20-20/1647 3. Date of filing/registration in Florida	<u>L04000091115</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Jerome Rosen	
Registered Office Address:	1691 Michigan Ave #210	
1	Miami Beach, Ft 3139	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Jerome Rosen	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3301 NE 15 ADE Un. + # H. 2009 Minn: FL., FL 33137	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my produced to the plant of the provisions of the limited liability company address, I hereby confirm that the limited liability company. Signature of Registered Agent	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.	