

L04000092217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

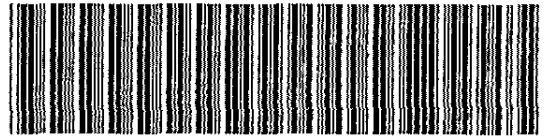
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
Case & Muffler
A LIMITED LIABILITY PARTNERSHIP

SUITE 102
2810 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE
STEPHEN C. MUFFLER, LL.M.
*ALSO MEMBER MICHIGAN BAR

(954) 563-1000
FAX (954) 565-2047
WEB SITE: www.floridaclosings.com

January 14, 2005

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

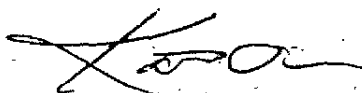
Re: EMICORP, LLC
Statement of Change of Registered Office or Registered Agent or Both for Limited
Liability Company

Dear Sir/Madame:

Enclosed please find a completed Statement of Change form, together with this firm's trust account check in the amount of \$35.00, which represents payment of your filing fee, regarding EMICORP, LLC. Once you have processed the enclosed form, please forward confirmation of change to this office at your earliest convenience.

Sincerely,

JAMES L. CASE, P.A.



Katie Osborne
Legal Assistant

/klo
encs.

2005 JAN 20 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: EMICORP, LLC

2. The mailing address of the limited liability company is : 9781 NW 24th Place, Sunrise, FL
33322

December 21, 2004

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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:

Florida is Filings, Inc.

Name

3732 NW 16th Street

Address

Fort Lauderdale, FL 33311

City, State and Zip

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

Sara Miller

Name

9781 NW 24th Place

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

Sunrise

FL 33322

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.

Sara Miller
(Signature of a member or authorized representative of a member)

Sara Miller

(Printed or typed name of signee)

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.

Sara Miller
(Signature of Registered Agent)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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