## L04000093411

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: DAL USA LLC (Name of Limited	l Liability Compan	ay)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this m	atter to the followi	ng:	
Troy Powell (Name of Person)	<u></u>		
DAL USA LLC (Firm/Company)			
13014 N Dale Mabry Hwy #335			
(Address)		2007 SEC	
Tampa, FL 33618		APR I	
(City/State and Zip Code)		2007 APR -9 PM 12: 30 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
For further information concerning this matter, ple	ase call:	M I2: 3 FLORII	
Troy Powell at ( 8	13 ) 269-92		
(Name of Person)		& Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flor	tion porations	
Enclosed is a check for the following amo	unt:		
\$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. The name of the limit	ed liability company	y is: DAL USA LI	_C	
2. The mailing address o	f the limited liabilit	ty company is:		
13014 N Dale Mabry Hwy	#3 <b>35</b> , Tampa, FL 33	3618		
12/28/2004			L04000093611	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regist Florida Department of	State:		address as shown o	on the records of the
	Spiegel & Utrera	a, P.A. Name		
	1840 SW 22nd S			
		Address		
	Miami, FL 33145		<b>-</b>	
		ity, State and Z	-	4. 1
6. The name and address	of the new registere	ed agent and/or	office:	岩 二
	Jeffrey "Jack" Go	ordon, Maney 8	k Gordon, P.A.	PR PR
	Bank of America P	Name Plaza, 101 E. Ke	nnedy Blvd., Suite	ZWI APR -9 PH 12: 30 SECRETARY OF STATE TALLAHASSEE, FLORID TALLAHASSEE
	i iorida street ade	11C33 (1.O. DOX	NOT acceptable)	17: 12: 12: 12: 12: 12: 12: 12: 12: 12: 12
	Tampa,	FL 3360		<u> </u>
	Cit	ty, State and Zip	)	77
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes and the registered agent reby confirmed that nited liability comp	re made, the Flo it will be identic t the change(s) wany or as otherw	rida street address or al. Or, in the case was/were authorized	of the registered office of a Florida limited dby an affirmative vote
(Signature of a member or author	rized representative of a m	nember)		
Troy Powell				
(Printed or typed name of signee)	)			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as registerens of all statutes religions of all statutes religions of all statutes religions of the limited lia	ed agent and ag ative to the prop tions of my posi ing filed to mere bility company i	ree to act in this ca per and complete pe tion as registered a ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.
Divisio	on of Corporations	s, P.O. Box 632	7, Tallahassee, FL	32314

**FILING FEE: \$25.00** 

INHS18 (8/05)