## 104000094362

(Requestor's Name)		
(Address)		
(Address)		
(Non-coo,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Danish Aller)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
opostal medications of ming omes.		

Office Use Only



05/12/06--01024--003 \*\*25.00

SECRETARY OF BY STATE



## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bochi (Name of Limited)	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
HICHAM AL-BOCH, (Name of Person)	, · 	
Bo Ctti LL C (Firm/Company)	2006 MAY	
5004 647H DRIVE WE	<u>い</u> 12 円 22 元 22 元 22 元 22 元 22 元 3 元 3 元 3 元 3	
BRADENTON, FL 34216 (City/State and Zip Code)	2: <b>49</b>	
For further information concerning this matter, pleas		
(Name of Person) at (9	(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 [	\$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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. The name of the limited liability company is:	BOCHILLC
2. The mailing address of the limited liability company is	: 5004 64 TH DRIVE WEST
BRADENTON, FL 34210	
12/21/2004	L04000094362
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:    JOHN A.     Name   2 NORTH TAMAM     Address	
SAPASOTA, FL 36 City, State and	7236 Zip
6. The name and address of the new registered agent and/o	· 22
HICHAM AL-  5004 64TH DE  Florida street address (P.O. Bo	OX NOT acceptable)
BRADENTON FL :	34210 PROPERTY OF STATE OF STA
City, State and 2	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote trwise provided in the articles of organization y.
(Signature of a member of authorized representative of a member)	
HICHAM FIL-BOCH; (Printed or typed name of signce)	<u> </u>
I hereby accept the appointment as registered agent and of comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portugate to 608, F.S. Or fif his document is being filed to me address, I hereby confirm that the limited liability compand	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.
(Signature of Registered Agent)  Division of Corporations, P.O. Box 63	327. Tallahassee, FL 32314
Zirwion of Corporations, 1 to the de	

**FILING FEE: \$25.00**