105000007939

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/21p/Filloffe #)		
PICK-UP WAIT MAIL		
•		
: (Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
		
Special Instructions to Filing Officer:		
·		

Office Use Only



700139391717

01/07/09--01014--005 **25.00

2009 JANI - 7 AM 7: 43

JAN 0 7 2009 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: MSA of Slovida LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the following:	
MARL Rubach (Name of Person)	
(Name of Person)	
MSA of Horida, ILC (Firm/Company)	
SUF EL Margan Michiga	
367 St. Aaross Driva (Address)	
Boca Paton W 33496 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MARK Rybach at (561) 981-5252 (Name of Person) (Area Code & Daytime Telephon	e 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 \$\infty\$ \$55 Filing Fee & Certified C	ору

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. Name of the limited liability company:	of Alorida, LLC
 (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS) 	ppany: 3167 st. Annes Drive Boon Paton, 71
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
1/26/2005 3. Date of filing/registration in Florida	<u>650000 7939</u> 4. Document number
5. · (a) Registered Agent and Registered Office show	
Registered Agent:	Mark Rimbach
Registered Office Address:	1400 Marsh Landing Pkeny Ste 104 Decksonville Ben, 76
(b) Enter name of <u>NEW Registered Agent</u> and/or	
NEW Registered Agent:	MARK Hanbach
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3167 St. Annes Drivo Boca Radon FL 33496
If the limited liability company is not organized under that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in hereby confirmed that the change(s) was/were authoriliability company or as otherwise provided in the articular limited liability company. (Signature of a member or authorized representative of a member)	the laws of the State of Florida, it is hereby confirmed street address of the registered office and the business the case of a Florida limited liability company, it is zed by an affirmative vote of the members of the limited less of organization or the operating agreement of the
(Printed or typed name of signee)	·
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my pos F.S. Or, if this document is being filed to merely reflection that the limited limitity fompany has been no	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, and I lition as registered agent as provided for in Chapter 608 ct a change in the registered office address, I hereby tified in writing of this change.
(Signature of Registered Agent)	2019
· · · · · · · · · · · · · · · · · · ·	Box 6327, Tallahassee, FL 323 12 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
INHS18 (05/08)	