L05000008623

(Red	questor's Name)				
(Address)					
(Address)					
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SECRETARY OF STATE
ALL AHASSFE, FLORIDA

T. HAMPTON

SEP 2 6 2008

EXAMINER

COVER LETTER

_	ration Section on of Corporation	ns	•		٠	·
SÜBJECT:	CHANGING	REGISTERED Name of L	AGENT - imited Liability	17 Compan	FLORIDA	LLC's
•		. (1101110 01 2		, compan		
Dear Sir or M	adam:					
The enclosed	Registered Agen	t/Registered Offic	e Change and	fee(s) are	submitted fo	r filing.
Please return a	all corresponden	ce concerning this	matter to the f	ollowing:	:	
Do	aniel Ko	as Kel				
	(Name of	Person)	•			
-	(Firm/Con	прапу)			,	
7200 1	W. Camino	Real, Suit	e 302.			
Boca	Rata, (City/State and	33/33 1 Zip Code)		• .		
For further information concerning this matter, please call:						
Danie	el Kaskel (Name of Perso	at on)	(Area Code		26/0 ne Telephone	Number)
Registr Divisio Clifton 2661 E	ET/COURIER A ration Section on of Corporations Building xecutive Center C ussee, Florida 323	Sircle	Registrat Division P.O. Box	IG ADDR ion Section of Corpora 6327 see, Florida	n ations	,
Enclosed is a check for the following amount:						
, ,	Filing Fee		□ \$55 Fil	ing Fee &	c Certified Co	opy ·

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	
1. N	lame of the limited liability company:	at Doral Suph; LLC
2. (a	a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 7200 W. (OMNO Red
	(Note: MUST BE STREET ADDRESS)	Boco Rator FL 33433
(ł	Mailing address of limited liability company:	Sane
	(Note: MAY BE POST OFFICE BOX)	
	//11/2	1.0. 2.
	1/18/03	LOS0000 8623
3. D	Date of filing/registration in Florida	4. Document number
5. ((a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	Daniel A. Kukel, P.A.
	Registered Office Address:	7200 Cs. (gmino Red, Suite 33
	•	Bris Retor, PL 33/33
/ 1	1 \ P \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	W Darleton I Octor aldress
(1	b) Enter name of NEW Registered Agent and/or NE	
	NEW Registered Agent:	Kods. Law FIRM, P.A.
	NEW Registered Office Address:	701 W (ypies Creek Road
	(MUST BE FLORIDA STREET ADDRESS)	Fort Landerdile ,FL 33309
If th	e 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 stre	et address of the registered office and the business
here	ce of the registered agent will be identical. Or, in the oby confirmed that the change(s) was/were authorized ility company or as otherwise provided in the articles ted liability company.	by an affirmative vote of the members of the limited
limi	ted liability company.	or organization or the median agreement of the
		ARE SEP
(Sign	nature of a member authorized representative of a member)	25 25 SSE
	Yosev Berduso	
(Prir		FLST
I he	ereby accept the appointment as registered agent and	agree to act in this capperty. I further agree to
am	familiar with and accept the obligations of my position	n as registered agent as provided for in Chapter 608,
con,	nted or typed name of signee) ereby accept the appointment as registered agent and aply with the provisions of all statutes relative to the professions of my position of the profession of my position of the province of the province of the profession of the province of the p	ed in writing of this change.
	nature of Registered Agent)	
1012	HIGHELD OF INDEPOSITION CHECKET	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00