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SECRETARY OF STATE
TALLAHASSEE, FINALE

D. BRUCE FEB 6 2009 EXAMINER

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	ted liability compar	ny is: CINERE	ET, LLC	:	; .		
2. The mailing address							·
11111 Biscayne B	oulevard, Suite 1	20, Miami, FL	33181		. !		
March 24, 2005			L0500002	9681) 1		
3. Date of filing/registra	ition in Florida		4. Document	number			
5. The name of the regis Florida Department of	tered agent and the	registered office	e address as show	n on the re	ecords of	f the	:
	Yaron M. Hore	sh	`		· :	••	
		Name			1.		`.
	11111 Biscayr	<u>ne Boulevard, S</u>	uite 120				
		Address			AE	9	٠.,
	Miami, FL 331	81		<u></u>	FA.	-	_
		City, State and 2	и р	,		ထာ	· • • • • • • • • • • • • • • • • • • •
6. The name and address	of the new registe	red agent and/or	office:		SSE	က်	
	NRAI Services	. Inc.			뜨유	AK =:	
		Name	, ,	 .		==	
4 · ·	2731 Executive	Park Drive, Su	iite 4		<u>≅</u>	52	
	Florida street as	ddress (P.O. Box	NOT acceptable	e)	STATE	1	•
·				٠.			
	Weston	FL_3333			- !		
	C	City, State and Zij	p				
If the limited liability co confirmed that after the and the business office of liability company, it is of the members of the li- or the operating agreement	change or changes of the registered age ereby confirmed th imited liability com	arc made, the Flo ent will be identi- at the change(s) pany or as other	orida street addre cal. Or, in the ca was/were author wise provided in	ess of the rouse of a Flo ized by an	egistered orida limi affirmat	l offic ited ive vo	ote
1 m/m	10m						
(Signature of a member or author	•	member)	·	· ,	:		
Michael Am						•	
Authorized S (Printed or typed name of signer	ignatory				1		•
I hereby accept the appe comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm		red agent and agelative to the projections of my posteing filed to meritability company	gree to act in this per and complete ition as registere ely reflect a chai has been notifie	capacity. capacity. dayent as ge in the r d in writing	I further nce of m provide registered of this	r agre y duti d for d offic chans	ee to ies, in ce ee.

(Signature of Registered Agent) Sean L. Emerick, Asst. Secy.

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

NRAI Services, Inc.