## 105000029686

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

Office Use Only



000142776020

02/05/09--01007--019 \*\*75.00

FILED

09 FEB -5 AM II: 52

SECRETARY OF STATE
ASSEE, FLORID

D. BRUCE
FEB 6 2009

**EXAMINER** 



## **Corporate Filing Transmittal Form**

To: Order #:	Florida PCOA-9001		From: Date:	Patty Boverie January 28, 2009	
Target Na	me			Dom Jui	ris
Tifeeret,					
Cineret,					
TZion, L	LC				
Attached !	for filing, please fi	ind the following:			
		Change of Reg	jistered Agent		
		vidence to the follo	owing:		
Patty Bove National C	erie Corporate Services	i. Inc.			
	ntre Court, Suite 5				
Edwardsv	ille, IL 62025				_
					300
					<u>,,,</u>
	structions/Notes:			S,A	
A check fo	or \$75 to cover the	e 3 filing fees at \$2	25 each is attached	d. ∺i~ `	7
Thank you	alf				
· ···umik you	<b>4.1</b>			STATE	
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lease Sen		Fax:	FedEx		
Ellialli	<u> </u>			Maii	



for your assistance!



## 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 is: TIFEERET, LLC		:		:.
	of the limited liability company is:				
•	• • • • • • • • • • • • • • • • • • • •				<u> </u>
111111 Biscayne Be	oulevard, Suite 120, Miami, FL 33181	•			<u>;</u>
March 24, 2005	L050000296	86	,		
3. Date of filing/registra	tion in Florida 4. Document nun	nber			
5. The name of the regist Florida Department of	tered agent and the registered office address as shown of State:	on the r	ecords (	of the	
•	Yaron Horesh			•	
	Name				•
	11111 Biscayne Boulevard, Suite 120		N S	09	
	Address			£	-
	Miami, FL 33181  City, State and Zip			<u>B</u>	1 }
	•,		AR	υ.	
<ol><li>The name and address</li></ol>	of the new registered agent and/or office:	•	¥ Z		أسامسا
	AIDAL Comisso Inn	٠.	71	AH I	financial g g fj
	NRAI Services, Inc.	÷		••	
	2731 Executive Park Drive, Suite 4	., .	82	52	
	Florida street address (P.O. Box NOT acceptable)	×	D		•
	(		:		
,	Weston FL 33331		· ·	•	٠,
	City, State and Zip		•	•	. '
confirmed that after the c and the business office o liability company, it is he of the members of the li	mpany is not organized under the laws of the State of Fichange or changes are made, the Florida street address of the registered agent will be identical. Or, in the case creby confirmed that the change(s) was/were authorized itability company or as otherwise provided in the of the limited liability company.	of the re of a Flo d by an	egistere orida lin affirma	xd officentive v	ote
(Signature of a member or autho	rized representative of a member)		:	٠,٠	
Michael Aman			• ;	•	
Authorized Sign (Printed or typed name of signee	)		i :	•	
	nintment as registered agent and agree to act in this can ins of all statutes relative to the proper and complete pend and accept the obligations of my position as registered a this document is being filed to merely reflect a change in that the limited liability company has been notified in	pacity. erforma igent as in the r writing	I furthence of providering terms of this	er agre ny dut ed for ed offi chang	e to ies, in ce ze.

Sean L. Emerick, Asst. Secy.

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

INHS18 (8/05)