## L05000030345

2006 JUN -9 P 12: 43 SECRETARY OF STATE TALLAHASSEE. FLORIDA (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: AL \

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## **COVER LETTER**

TO: Registration Section Division of Corporations	·	FILED
SUBJECT: FLORIDA BEST BUY A (Name of Limited)	DEALTY & MORTGASE Liability Company) TALLA	RETARY OF STATE AHASSEE, FLORIDA
Dear Sir or Madam:		•
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:	
ALBERTO BARSOUM (Name of Person)		
Flolida Best Buy Realty & montgage Lendel, LLC		
4150 Cally Ford (Address)	Rd	
ORlando, FL 328 (City/State and Zip Code)	<u> 206</u>	
For further information concerning this matter, please call:		
ALberta Balsoum at (3) (Name of Person)	(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 608.508, 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 limited liability company is: Floting Best Buy leasting montgage -
2. The mailing address of the limited liability company is: 20080000000000000000000000000000000000
winter Palk, FC32793
Malch, 28 2005 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  **POCLE*, SEAN**  Name*  106 tulnhull are suit#303 (Address)  Address  Address  City, State and Zip  **City, State and Zip  **Total City, State an
6. The name and address of the new registered agent and/or office:  ALBERTO BARSOUM  Name Many Mond Pd  Florida street address (P.O. Box NOT acceptable)  City, State and Zip
If the 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 street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  County of Orange  Swarn before me this day of the personally appeared agent and agree to act in this capacity. Of flatther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with find accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Of it this document is being filed to merely reflect a change in the registered office address, I hereby confirm radion limited liability company has been notified in writing of this change.  (Signature of Refistered Agent)

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

