105000038838

		
LAW OFFICES OF		
PETER M. HODKIN, P.A.		
SUITE 504		
4901 NORTHWEST 17TH WAY		
Fort Lauderdale, Florida 33309		
(Address)		
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(City/State/Zip/Phone #)		
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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.

agent, or both, in the State of Florida.		
1. The name of the limited liability company is: ROTONI	DA SANDS, LLC	
2. The mailing address of the limited liability company is:	4947 PELICAN MANOR,	
COCONUT CREEK, FL 33073		
04/20/2005	L05000038838	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on the records of the	
HODKIN, PETER M	SEP CALL	
ONE EAST BROWARD BLVD	, SUITE 1501	
Address FT. LAUDERDALE, FL 33301		
City, State and Zi	F CORIDA	
6. The name and address of the new registered agent and/or of	office:	
HODKIN, PETER, M		
4901 WEST 17th WAY, SUIT	E 504	
Florida street address (P.O. Box	= 	
FT. LAUDERDALE, FI. 3330	9	
City, State and Zip		
If the limited liability company is not organized under the lay confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) where the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote of	
(Signature of a member or authorized representative of a member)	***	
RYAN ZUCKERMAN (Printed or typed name of signee)	الاستان العالم العا	
I hereby accept the appointment as registered agent and agr comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that inclimited liability company i		
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00