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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORID/

COVER LETTER

Division of Corporations			
SUBJECT: ETR Capital Group, LL (Name of	C Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Eric T. Reardon (Name of Person)			
(Firm/Company)			
12855 SW 132 Street Suite 200			
(Address)			
Miami			
(City/State and Zip Code)			
For further information concerning this matt	ter, please call:		
Janett Pascul	_at (305) 969-4312		
(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	ng amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section

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: ETR Ca	pital Group, LLC	
2. The mailing address of t	he limited liability company is	: 12855 SW 132 S	treet Suite 200
			.
7/05/2005		L05000065956	
3. Date of filing/registratio	n in Florida	4. Document nur	nber
5. The name of the registere Florida Department of St	ed agent and the registered offi	ce address as shown	on the records of the
•	Eric T. Reardon		
	Name		
	13131 SW 132 Street Suit	e 202	
	Address		
<u> </u>	Miami, Florida 33186 City, State and	7in	
C Th	• •	•	
b. The name and address of	the new registered agent and/o	r office:	
E	ric T. Reardon		
	Name		
_	2855 SW 132 Street Suite		
	Florida street address (P.O. Bo	x NOT acceptable)	
<u>N</u>	fiami, Florida 33186 FL		
	City, State and 2	iip	
confirmed that after the cha and the business office of the liability company, it is here of the members of the limit	any is not organized under the age or changes are made, the Face registered agent will be iden by confirmed that the change (see diability company or as other of the limited liability company	lorida street address tical. Or, in the case) was/were authorize trwise provided in the	lorida, it is hereby of the registered office of a Florida limited d by an affirmative vote articles of organization
(Signature of a member or authorize	d representative of a member)	_	
Printed or typed name of signee)	irdon	_	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or if this address, I hereby confirm the	ment as registered agent and a of all statutes relative to the pr accept the obligations of my po adocument is being filed to ine that the limited liability compan	igree to act in this ca oper and complete pe sition as registered a rely reflect a change y has been notified in	in the registerea office writing of this change.
(Signature of Registered Agent)			2008 SEC
	of Corporations, P.O. Box 63 FILING FEE: \$		32314SSE
INHS18 (8/05)			