

L05000077199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

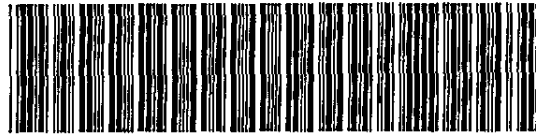
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100056560291

08/19/05--01007--027 \*\*25.00

FILED  
2005 AUG 19 PM 2:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BYRON AUG 22 2005



# GREENSPOON MARDER

A PROFESSIONAL ASSOCIATION

**From the Desk of:**

ALAN B. COHN  
Trade Centre South, Suite 700  
100 West Cypress Creek Road  
Fort Lauderdale, Florida 33309  
954-491-1120 (Office)  
954-771-9264 (Fax)  
Alan.Cohn@greenspoonmarder.com

August 16, 2005

Department of State  
Division of Corporations  
409 East Gains Street  
Tallahassee, Florida 32399

**Re: AKILEE Communications, LLC**

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent and the required filing fee of \$25.00. It is respectfully requested that this request be expedited as our client cannot open a business account until the Registered Agent has been changed.

Your assistance in this matter is greatly appreciated.

Very truly yours,

GREENSPOON MARDER, P.A.

  
ALAN B. COHN  
For the Firm

ABC/mv  
c: Mrs. Lydia Reid

FILED  
2005 AUG 19 PM 2:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.greenspoonmarder.com](http://www.greenspoonmarder.com)  
888-491-1120

Locations Throughout Florida

Fort Lauderdale

Orlando

Hollywood

Boca Raton

West Palm Beach

St. Petersburg

**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: AKILEE COMMUNICATIONS, LLC

2. The mailing address of the limited liability company is : 5077 N.W. 7th Street, No. 1604  
Miami, Florida 33126

August 5, 2005

L05000077199

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:

Alan B. Cohn

Name

100 West Cypress Creek Road, Suite 700

Address

Ft. Lauderdale, Florida 33309

City, State and Zip

6. The name and address of the new registered agent and/or office:

Lydia Reid

Name

5077 N.W. 7th Street, Suite 1604

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33126

City, State and Zip

FILED  
2005 AUG 19 PM 2:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.



(Signature of a member or authorized representative of a member)

LYDIA REID

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



(Signature of Registered Agent)

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