LU5000 03971

tor's Name)					
5)					
5)					
te/Zip/Phone #)					
WAIT MAIL					
ss Entity Name)					
(Document Number)					
Certificates of Status					
Special Instructions to Filing Officer:					
•					

Office Use Only



700126306497

05/12/08--01002--004 **1650.00

RECEIVED

08 MAY -9 PM 4: 06

08 MAY -9 PM 4: 06

08 MAY -9 PM 4: 06

B. KOHR

JUN 1 3 2008

EXAMINER

PILED

08 MAY 30 AH 10: 48

TÄLLAHÄSSEE, FLORIDE

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 limite	ed liability company	is: DAISY MAE	ELLC		
2. The mailing address o	f the limited liability	company is: 4	44 BRICKELL AVE.		
SUITE 900, MIAMI FL 33131	·				
			,		
10/21/2005			L05000103971	<u> </u>	
3. Date of filing/registration in Florida			4. Document num	ber	
5. The name of the regist Florida Department of		gistered office	address as shown o	n the records of the	
_	LEGAGNEUR, NATH	IALIE			
		Name	-		
	444 BRICKELL AVE.				
		Address			
	MIAMI FL 33131	Tradross		08 12	
City, State and Zip			日言		
Address MIAMI FL 33131 City, State and Zip 6. The name and address of the new registered agent and/or office: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable)					
C T Corporation System			帝 是 日		
Name I 5					
1200 South Pine Island Road					
	Florida street add	ress (P.O. Box	NOT acceptable)	ST. U	
	Plantation	FL	33324	<u> </u>	
	City	, State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or authors)	hange or changes are the registered agent reby confirmed that nited liability compation of the limited liab	e made, the Flo t will be identic the change(s) vany or as otherw ility company.	rida street address of al. Or, in the case of vas/were authorized	of the registered office of a Florida limited I by an affirmative vote	
Anthony LiCausi, Attorney in (Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I fereby configure		d agent and agr tive to the prop ions of my posi ng filed to mere vility company l	ree to act in this cap er and complete pe tion as registered a ly reflect a change as been notified in y LiCausi	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
V _{Divisio}	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
	FIL	ING FEE: \$25	.00		

INHS18 (8/05)