LOCOCO 1170

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
		10/31	
		(<i>))</i>	

Office Use Only



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05/22/06--01050--003 **25.00

SECRETARY OF S

MAY 22 PH 12: 56

FILED

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 Pioriaa.			
1. The name of the limited liability company is: Soth Florida Real Estate S	solution	s, L	<u>LC</u> .
2. The mailing address of the limited liability company is: 235 5. 15th <	31. Sn	rite 1	1102.,
Philadelphia, PA 19102			
11/13/02 L020000	3044	16	~ .
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 Florida Department of State:	records o	of the	
Alexander Johnson Name			
Ft. Landerdale, FL 33316 City, State and Zip	SECRETAR MILLAHASS	06 MAY 22	APPK FILE
6. The name and address of the new registered agent and/or office:		PH	
Name 420 SE 13th Street Florida street address (P.O. Box NOT acceptable)	STATE	1:25	O
Ff. Landerdale, FL 33316 City, State and Zip	_		
If the limited liability company is not organized under the laws of the State of Florida confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a F liability company, it is hereby confirmed that the change(s) was/were authorized by a of the members of the limited liability company or as otherwise provided in the article or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	registere lorida lir ın affirm:	ed offic mited ative v	rote
Michael Gusich (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with and accept the obligations of my position as registered agent Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the address, I hereby confirm that the limited liability company has been notified in writing	i. I furth nance of as provid register ng of thi	er agre my dut led for red offi s chan	ee to ties, `in ice ge.

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

(Signature of Registered Agent)

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BIESSING (Name of Limited Liability)	200FING LLC lity Company)			
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Membe	r or Manager and fee(s) are submitted for filing			
Please return all correspondence concerning this matter to	the following:			
SAMARA BARROS (Name of Person)				
27 Royal (Firm/Company) 2506 BOCA RATON Blue (Address)	#303 			
BOCA RATON FL-33432 (City/State and Zip Code)				
For further information concerning this matter, please call:				
SAMARA at (Same of Person)	235 04 14 a 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:				
CR2F079 (8/05)	\$55 Filing Fee & Certified Copy			