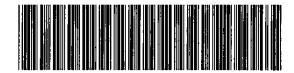
## L0000036097

Palma Bella Development, LLC (Requestor's Name)
•
2999 N.E 1915+ PH#2 (Address)
(Address)
•
(Address)
Aventura F1 33180 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Palma Bella Development HC (Business Entity Name)
L-060000 36097 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Registered agent
Dade County Corporate Agents, Inc

Office Use Only



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SECRETARY OF STATE STATE OF STATE STATE



November 29, 2006

YIZHAK TOLEDANO 2999 NE 191 STREET, PH #2 AVENTURA, FL 33180

SUBJECT: PALMA BELLA DEVELOPMENT LLC

Ref. Number: L06000036097

We have received your document for PALMA BELLA DEVELOPMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 106A00068763

Leslie Sellers Document Specialist

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Palma Bella Development, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vizhak Toledano (Name of Person)
Palma Bella Development LLC (Firm/Company)
2999 N.E. 1915+ PH#2 (Address)
Aventura, Fl 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
Yizhale Toledano at (305) 933-4646  (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 amount:
\$25 Filing Fee & Certified Copy

## 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: Palma Bella Development, LLC.
	company is: 2999 NE 191 St PH #2
Aventura, F1 33180	
4-06-2006	L06000036097
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: <u>Dade Com</u> 18901 NE	egistered office address as shown on the records of the  Ly Corporate Agents, Inc  Name  29 H. Avenue Suite 100  Address  F( 33180  ty, State and Zip
18901 NF Florida street addr Agentus	diagent and/or office:  J. Corporate Agents Inc.  Rame?  29th Avenue Suite 100  FL 33180  SECRETARY OF STATE  OFRIGHT FILED  SECRETARY OF STATE  OFRIGHT STATE  OFRIGHT STATE  OFRIGHT STATE  OFRIGHT STATE  OFRIGHT STATE  SECRETARY OF STATE  OFRIGHT STATE  OFRIGH
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compa or the operating or the limited liability companion the limited li	ed under the laws of the State of Florida, it is hereby e made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote my or as otherwise provided in the articles of organization ility company.
(Signature of a memori or authorized representative of a me  (Printed or typed fame of signee)  I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab  (Signature of Registered Agent)	d agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ions of my position as registered agent as provided for in ag filed to merely reflect a change in the registered office ulity company has been notified in writing of this change.
Division of Corporations,	P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**