L06000043112

(Req	uestor's Name)			
(Address)				
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		i		

Office Use Only



800131048178

06/25/08--01029--020 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

2. Tadlock AUG 2 9 2008

Land was

4

"COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TY Properties, LLC (Nam	e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Yunier Ruiz	
. (Name of Person)	
TY Properties, LLC	
(Firm/Company)	
9720 Stirling Road, Suite 103	·
(Address)	
Cooper City, FL 33024	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Yunier Ruiz	at (954) 445-9836
(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 follow	ving amount:
	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2008

TY PROPERTIES, LLC, ATTN: YUNIER RUIZ 9720 STIRLING RD., SUITE 103 COOPER CITY, FL 33024

SUBJECT: TY PROPERTIES, LLC Ref. Number: L06000043112

We have received your document for TY PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6911.

Letter Number: 408A00046591

Brenda Tadlock Senior Section Administrator

STATEMENT OF CHANGE OF REGISTERED ÖFFICE 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. Na	ame of the limited liability company: TY Propert	es, LLC		ı
2. (a)	 Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>) 	y: 9720 Stirling Road, Suite 103 Cooper City, FL 33024		!
	·			
(b) Mailing address of limited liability company:	9720 Stirling Road, Suite 103	 ,	-,
(Note: MAY BE POST OFFICE BOX)	Cooper City, FL 33024	8	Žχ	
	•		2	≘ ⊊
0.440.5	· ·	100000040440	AUG 29	₽₽
	i/2006 ate of filing/registration in Florida	<u>L06000043112</u> 4. Document number		8 8 8
3. Di	ate of filling/registration in Florida	4. Document number	3	Pr Pr
5. (a	n) Registered Agent and Registered Office shown on	•	وبا نۇ	ORATIONS
	Registered Agent:	Yunier Ruiz		(A)
Registered Office Address:	Registered Office Address:	11011 Sheridan Street, Suite 212		
		Cooper City, FL 33026		
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:	NEW Registered Office Address:	9720 Stirling Road, Suite 103		
	(MUST BE FLORIDA STREET ADDRESS)	Cooper City 5,FL 33024		
that a office hereb liabil limite	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cryconfirmed that the change(s) was/were authorized ity company or as otherwise provided in the articles of distributive of a member)	et address of the registered office and the case of a Florida limited liability company by an affirmative vote of the members of	busines , it is the lim	ss ited
(Signap	the off thember or authorized representative of a member)			
	r Ruiz	<u> </u>		
-	d or typed name of signee)			
I her comp am fa F.S. confi	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pr miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a minative limited liability company has been notifie	igree to act in this capacity. I further agr oper and complete performance of my du as registered agent as provided for in Cl change in the registered office address, I d in writing of this change.	ee to ties, an apter (hereby	d 1 508
(Signa	thur of Registered Agent)	•		
(/	Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314		
\cup	FILING FEE	•		