2060000 48856

(Re	equestor's Name)	<u></u>			
(Ad	idress)				
(Ad	ldress)	· 			
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
,					
	^Al				
		.1			

Office Use Only



300079676793

09/15/06--01043--003 **50.00

2006 SEP 15 P 2: 15
SECRETARY OF STATE
ALL AHASSEF FLORIDA

COVER LETTER

_	istration Section ision of Corporations				
SUBJECT	: ADAR EQUITIES, LLC (Name of	Limited Liabili	ty Company)		
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered	Office Change a	and fee(s) are subm	itted for filing.	
Please retur	n all correspondence concerning	g this matter to t	he following:		
CHRIST	OPHER J. GERTZ (Name of Person)		-		
CHRIST	OPHER J. GERTZ, P.A (Firm/Company)	.	-	20 SE TAL	
18 FOR	FROYAL ISLE			2006 SEP 15 SECRETARY ALLAHASSEE	
	(Address)		-	AR)	
FORT LA	UDERDALE, FL 33308 (City/State and Zip Code)	<u> </u>	-	P 2: I	O
For further	information concerning this mat	ter, please call:		≨‴ и	
CHRISTO	OPHER GERTZ	at (954) <u>565-2601</u>	<u> </u>	
	(Name of Person)	(.	Area Code & Dayti	me Telephone	Number)
Regi Divi Clift 2661	AEET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 3231	4	
Enc	losed is a check for the followi	ng amount:			
	25 Filing Fee	□ \$55	Filing Fee & Certi	fied 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 limit	ed liability company	is: ADAR EQUITIES, LLC			
2. The mailing address o	f the limited liability	company is : 18 FORT ROYA	L ISLE,	, FOR	Τ
LAUDERDALE, FL 333	308				
MAY 12, 2006		L06000048856	i		
3. Date of filing/registration in Florida 4. Doc					
5. The name of the registe Florida Department of			on the	records	of the
	407 LINCOLN R	Name SOAD, SUITE 701			
	407 LINOOLIVIA	Address	-		
	MIAMI BEACH,	FL 33139	⊼	~ .	
	Cit	y, State and Zip	TLV SECI	7001	Enterview
6. The name and address	of the new registered	agent and/or office:	AHA HA	2006 SEP	77
	CHRISTOPHER	R J. GERTZ, P.A.	CRETARY OF STATE LAHASSEE. FLORIDA	5	
		Name	E PF	U	$\overline{\mathbf{m}}$
	18 FORT ROYAL		407 41.S	<i>?</i> ?	O
	Florida street addre	ess (P.O. Box NOT acceptable)	ALDA ADA	<u>~</u>	
	FORT LAUDERDA	LE FL 33308		_	
	City,	, State and Zip			
confirmed that after the c	hange or changes are the registered agent reby confirmed that the nited liability compart of the limited liabil	d under the laws of the State of made, the Florida street address will be identical. Or, in the case he change(s) was/were authorized yor as otherwise provided in the lity company.	of the r	register orida li	red office imited
CTC+	•				
(Printed or typed name of signee))				
Ket	intment as registered is of all statutes relati d accept the obligation his document is bein that the limited liabi	agent and agree to act in this coive to the proper and complete pons of my position as registered g filed to merely reflect a chang lity company has been notified i	apacity. Performa agent as In the n writin	I furth ance of s provi registe ng of th	her agree to my duties, ded for in red office is change.
(Signature of Registered Agent)	·				

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

INHS18 (8/05)