## L06000054889

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PICK-UP WAIT MAIL						
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cevil International, 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:
Andrew D. Wyman, Esq. (Name of Person)
Law Offices of Andrew D. Wyman, P.A.
(Firm/Company)
2101 NW Corporate Blvd., Suite 317
(Address)
Boca Raton, FL 33431
(City/State and Zip Code)
For further information concerning this matter, please call:
Andrew D. Wyman, Esq. at (561 ) 372-7200
(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

INHS18 (8/05)

## 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.

agem, or boin, in the state by the	o, 144.					
1. The name of the limited liabi	ility company is: _C	Cevil Internat	ional, LLC			•
2. The mailing address of the li	mited liability com	nany is · 6	601 Lyons Road, L	5		
	mica naomiy com	ipany 13				·
Coconut Creek, FL 33073						·
5/27/06			L06000054889			
3. Date of filing/registration in	Florida	•	4. Document nur	mber		
5. The name of the registered ag Florida Department of State:	gent and the register	red office a	address as shown	on the records	of the	· ·
•	Blackburn					
	N	Name		•		
6601	Lyons Road, Suite	e L-5				
	A	ddress	. ,	•	0	0
Coconut Creek, FL 33073					7	SE
	City, St	tate and Zi	9	<u>-</u>	9	ᅙ윤
6. The name and address of the	new registered age	nt and/or o	ffice:		07 NOV 30	TARY OF STATE OF CORPORATIONS
Andrew D. Wyman, Esq.					AHII: I	움유
Name					=	ASE AIS
2101 NW Corporate Blvd., Suite 317					E E	
Flor	rida street address (	P.O. Box N	NOT acceptable)		_	<del>2</del>
Boca	Raton	FL 3343	1			
	City, Stat	te and Zip				
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby c of the members of the limited I or the operating agreement of the	or changes are mad- gistered agent will onfirmed that the cliability company or the limited liability of	de, the Flor be identica change(s) w r as otherw company.	rida street address al. Or, in the case vas/were authorize	of the register of a Florida li ed by an affirm	ed off mited ative	vote
(Signature of a member or authorized rep						
(Printed or typed name of signee)	CBURN					
•				. T.C	,	
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptage to the confirm that the confirmation is the confirmation that the confirmation the confirmation is the confirmation that the c			ee to act in this co er and complete p ion as registered ly reflect a change as been notified i	apacity. I furth erformance of agent as provi e in the registe n writing of th	ner ag my di ded fo red of is cha	ree to uties, r in fice nge.
ann.	14	3/07				
(Signature of Registered Agent)						

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