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(Requestor's Name) (Address) (Address)	200134067542		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	08/28/0801020023 **150.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 08 AUG 28 AN I SECRETARY OF ST TALLAHASSEE, FLC		
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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: Doral Equipment, LLC.

(Name of Limited Liability Company)

Dear Sir or Madam:

1.00

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorraine E. Perez

(Name of Person)

Intercontinental Law Firm, P.A.

(Firm/Company)

P.O. Box 430458

(Address)

South Miami, FL 33243

(City/State and Zip Code)

For further information concerning this matter, please call:

Lorraine E. Perez

(Name of Person)

at (305) 740-9630

(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

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company:	Doral Equipment, LLC.
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2. (a)	Principal office address of limited liability company	: 8070 NW 53 Street
	(<u>Note: MUST BE STREET ADDRESS</u>)	Suite 105
		Doral, FL 33166

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

8070 NW 53 Street Suite 105

Doral, FL 33166

07/11/2006

. 3. Date of filing/registration in Florida

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1.06000069798-4. Document number

3191 Coral Way

Suite 616 Miami

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept, of State:

Registered Agent:

Registered Of	fice Address:	
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(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : SAP 20 NEW Registered Agent:		Registered Office Address:	5901 SW 74th Street, Suite 20	0		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : AGR 28 (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : AGR 28		•	South Miami, FL 33143	= 10	0	
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Ei → 80	<i>(</i> L)	Enter some of NEW Devictored Acout on d/or NEW	Desistand Office addres	H T	5	<u> </u>
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	v Registered Office addres	* SS #		-
	NEW Registered	NEW Degistered Agent:		EO.	8	Ē.
		MEW Registered Agent.		70	ž	Ū

FL 331975

Intercontinental Law Firm, P.A.

NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s),was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the

limited hability company. (Signature of a member or authorized representative of a member) Lorraine E. Perez (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Dr. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. gnature of Registered Agent)

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