

## L06000084175

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000188931230

12/23/10--01013--023 \*\*25.00

10 DEC 23 PH 1: 57

SECRETARY OF CHARACTOR

## COVER LETTER

<b>TO:</b> Registration Section Division of Corporati	ons	
•		
SUBJECT: PMDIB, LLC		
	Name of Limited Liab	oility Company
Dear Sir or Madam:		
The enclosed Registered Age	nt/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter	to the following:
Pedro M.	Di Bartolo	
Name of		<del></del>
PMO	B, LLC	
Firm/Cor		<del></del>
	81st MNR	
Addre	S	
•		
Parkland.	FL. 33076	
City/State an		<del></del>
•	•	
; modunalih outo	la Quahan na	
E-mail address: (to be used for fi	ture annual report notification)	<del></del>
For further information conce	rning this matter, please ca	ill:
	,	
Pedro M. Di Bar	tolo:	0041070
Name of Person	tolo at ( <u>772</u>	Area Code & Daytime Telephone Number
	BBBB66	
STREET/COURIER A		IAILING ADDRESS:
Registration Section		egistration Section
Division of Corporation Clifton Building		ivision of Corporations O. Box 6327
2661 Executive Center		allahassee, Florida 32314
Tallahassee, Florida 323		arranassee, Florida 32314
Enclosed is a check f	or the following amount:	
\$25 Filing Fee	<u> </u>	555 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.

Name of the limited liability company:	PMDIB, LLC		
,	44000 5044 04 44510		
2. (a) Principal office address of limited liability company  (Note: MUST BE STREET ADDRESS)	ParkLand FL. 33076	<b>7</b>	SECIS
(b) Mailing address of limited liability company:		DEC 23	99.7 12.7
(Note: MAY BE POST OFFICE BOX)		PH	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
08/25/2006	L06000084175	9	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. o	f State	:
Registered Agent:	MELEAN, DILIA		
Registered Office Address: 5490 NW 113 CT DORAL FL 33178 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	PEDRO M. DI BARTOLO 11079 NW 81st MNR		
	PARKLAND ,,F	L <u>3307</u>	76
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member	aws of the State of Florida, it is horida street address of the register ical. Or, in the case of a Florida was/were authorized by an affirm wise provided in the articles of or	iereby Fred of limited mative rganiza	fice l vote ation
PEDRO M. DI BARTOLO  Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po- Chapter 608, F.S. Or, if this document is being filed to men address, Thereby confirm that the limited liability company	gree to act in this capacity. I fur per and complete performance o sition as registered agent as prov rely reflect a change in the regist has been notified in writing of th	ther ag f my d ided fo ered of his cha	ree to uties, or in ffice nge.
Signature of Registered Agent			

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

INHS18 (05/08)