L06000098902

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SECRETARY OF STATE

J. BRYAN

MAR - 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DONAL 104 L Name of	LC f 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	ng this matter to the following:		
Ricando Souki Name of Person			
DONAL 104 CLC Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEC	
11461 NW 345t	·	EB 28 PM I	
DONAL Floring City/State and Zip Code	33178	PM 1: 28 SEE, FLORIDA	
E-mail address: (10 be used for future annual repor	1 notification)		
For further information concerning this ma	atter, please call:		
Name of Person	at (786) 406 7466 Area Code & Daytime Telephone Nu	mber	
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	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.506 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered
1. Name of the limited liability company:	104 CLC
2. (a) Principal office address of limited liability company:	11461 NW 34st
(Note: MUST BE STREET ADDRESS)	Donal Florian 33178
(b) Mailing address of limited liability company:	The Brand 7
(Note: MAY BE POST OFFICE BOX)	AS ABOVERED TO
O2- 25 20 \(\) 3. Date of filing/registration in Florida 4	<u>L060000989767</u> . Document number
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept. of State:
Registered Agent:	FRANCISCO La MADRIOL
Registered Office Address:	6420 SW 147 TenHACE CONAIL GASLE FLORIDA 33158:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address: Ricando Souki
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11461 NW 34 St JONA C FL 33178
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherw or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	rida street address of the registered office
Ricando Souki	
Printed or typed name of signee I hereby adcapt the appointment as registered agent and agreemently with the provisions of all statutes relative to the propand I am fifth liter with and accept the obligations of my position of the propant of the propant is being filed to mere address, thereby confirm that the limited liability company is signature of Registered Agent	ree to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office ias been notified in writing of this change.