L06000102761

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SECRETARY OF STATE [ALLAHASSEE, FLORID!

COVER LETTER

Division of Corporations
SUBJECT: MIAMI GREEN DEVELOPMENT, LUC (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:
ASAF MENGEL (s PC & IV) (Name of Person)
MIAMI GREEN DEVELOPMENT, LLC (Firm/Company)
3389 Shevidon ST #264 (Address)
Hollywood PC 33021 (City/State and Zip Code)
For further information concerning this matter, please call:
ASAF at (407) 342 385 (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 \$\sum \text{S55 Filing Fee & Certified Copy}

INHS18 (8/05)



December 26, 2007

ASAF MENGELGREIN 3389 SHERIDAN STREET, #264 HOLLYWOOD, FL 33021

SUBJECT: MIAMI GREEN DEVELOPMENT, LLC

Ref. Number: L06000102761

We have received your document for MIAMI GREEN DEVELOPMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 907A00071592

Leslie Sellers Regulatory Specialist II

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED ABILITY 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 limited liability company is: MIAMI GREEN 1) 4 UE LOPMENT, LUC
2. The mailing address of the limited liability company is: 3389 She cidon ST # 264
Mollywood, FL 33021
Hollywood, FL 23 02
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
MENGELGREIN, ASAF MR.
3300 NE 192 ST #518
AUENTURA FL 33180 City, State and Zip 6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
MENGELGREIN ASAF MR TO TO
Florida street address (P.O. Box NOT acceptable)
Holly wood FL 33621 City, State and Zip
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 liability company.
(Signature of a preimber or authorized representative of a member)
(Printed or typed name of signee) AS AF MENGELL-REIN
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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby coufirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent) ASAF MENGELLARIN
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00