L06000119615

uestor's Name)					
Iress)					
lress)					
/State/Zip/Phone	e #)				
☐ WAIT	MAIL				
liness Entity Nan	ne)				
(Document Number)					
Certificates	s of Status				
Special Instructions to Filing Officer:					
	ress) /State/Zip/Phone WAIT iness Entity Nar ument Number)				

Office Use Only



200183343082

07/23/10--01019--001 **25.00

FILED
10 JUL 23 PM 12: 32
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN

JUL 25 2010

EXAMINER

COVER LETTER

Registration Section

Division of Corp	orations					
SUBJECT:	Issa-Ba	asch Far	nilv Co	ompany.	LLC	
30b3EC1		f Limited I				
			•	• •		
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered	d Office Ch	ange an	d fee(s) are	e submitted fo	or filing.
Please return all corresp	ondence concernir	ng this mat	ter to the	e following	; ;	•
lose	eph A. Porrello					
	nne of Person					
						SE SE
locanh	A. Porrello, P.A					CR E
	m/Company	·				ETA L2
						SSE
P.O	. Box 450249					SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE. FLORIU
	Address	· · · · · · · · · · · · · · · · · · ·				21.07 21.08 21.08
						器
Mia	mi, FL 33245					*5*
	tate and Zip Code					
midnassaup E-mail address: (to be use	seds averize	pa.net				
E-mail address: (to be use	i for future annual repor	rt notification)				
For further information	concerning this ma	atter, pleas	e call:	_		
	, J					
Joseph A.	Porrello	at (305)		374-0092	
Name of Per		at (a Code & Day	time Telephone N	lumber
omn n nm/corre	DD ADDDDGG		36411	ING ABB	anoa.	
STREET/COURI Registration Section				ING ADDF ration Section		
Division of Corpo		Division of Corporations				
Clifton Building		P.O. Box 6327				
2661 Executive Co	enter Circle			assee, Florid	ia 32314	
Tallahassee, Florid				,		
Enclosed is a ch	eck for the follow	ving amou	nt:	•	•	
\$25 Filing Fee	;	٦	□\$55 F	Filing Fee &	& Certified C	ору

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:	ssa-Basch Family Company, LLC
2. (a) Principal office address of limited liability com	npany:
(Note: MUST BE STREET ADDRESS)	229 Stewart Avenue Garden City, NY 11530
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	229 Stewart Avenue Garden City, NY 11530
December 15, 2006	L06000119615
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:
Registered Agent:	Joseph A. Porrello
Registered Office Address:	2929 Southwest 3rd Avenue Suite 320
	Miami. FL 33129
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: June Herman
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2003 Rosewood Way
(MOST BELLEVILLE AND	Palm Beach Gardens ,FL 33418
If the limited liability company is not organized under confirmed that after the change or changes are made, the distriction of the registered agent will be aliability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as sometimes of the limited liability company or as sometimes agreement of the limited liability or agreement of the limited liability or agreement of the limited liability or age	the Florida street address of the registered office identical. Or, in the case of a Florida limited: ge(s) was were authorized by an affirmative vote otherwise provided in the articles of organization
Elizabeth Issa-Basch Printed or typed name of signec	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of me Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to se proper and complete performance of my duties, sy position as registered agent as provided for in o merely reflect a change in the registered office spany has been notified in writing of this change.
Signatury of Registered Agent	

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

INHS18 (05/08)