L07000003720

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(Requestor's Name)	
•	
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C. LEWIS
SEP 16 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT:	Quiet Cast Holdings, LLC	
N	ame of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the following:	
Joseph R. Hos	ack	
Name of Person	-	
Quiet Cast Holding	ıs, LLC	
Path/Contpany		
11357 NW 52nd	d Ln	
Address		
Doral, FL 331	7Ω	
City/State and Zip Con		
513/13 210 21 p 660	-	
in the second Objection		
joehosack@hotma E-mail address: (to be used for future annu	III.COM all report notification)	
For further information concerning this matter, please call:		
Joseph R. Hosack	at (305) 205-2998	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRE	SS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the	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:	Quiet Cast Holdings, LLC
2. (a) Principal office address of limited liability co	ompany: 11357 NW 52nd Ln
(Note: MUST BE STREET ADDRESS)	Doral, FL 33178
(b) Mailing address of limited liability company	Quiet Cast Holdings, LLC
(Note: MAY BE POST OFFICE BOX)	11357 NW 52nd Ln Doral, FL 33178
01/10/2007 3. Date of filing/registration in Florida	L0700003720 4. Document number
5. (a) Registered Agent and Registered Office sho	
Registered Agent:	Joseph R. Hosack
Registered Office Address:	10449 NW 56th Ter Doral, FL 33178
(b) Enter name of NEW Registered Agent and	
NEW Registered Agent:	Joseph R. Hosack
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	11357 NW 52nd Ln
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or a or the operating agreement of the limited liability company or a signature of a member or authorized representative of a member	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Joseph R. Hosack	
Printed or typed name of signee I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability of Signature of Registered Agent	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, I my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

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