

L07000009334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

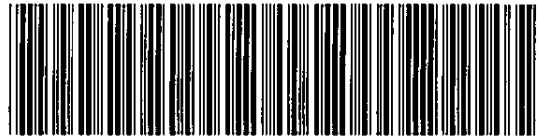
(Business Entity Name)

(Document Number)

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04/23/09--01017--022 \*\*25.00

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09 APR 23 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

APR 27 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALTA DESIGN - GRANITE AND TILE  
(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:

JOEIN NEMES  
(Name of Person)

ALTA DESIGN GRANITE AND TILE  
(Firm/Company)

2101 ATLANTIC SHORES BLVD #110  
(Address)

TALLAHASSEE FL 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEIN NEMES at (954) 559-9562  
(Name of Person) (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

☐ \$55 Filing Fee & Certified Copy

RECEIVED APR 20 2009

**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: ALFA DESIGN GRANITE AND TILE
2. (a) Principal office address of limited liability company: 2101 ATLANTIC SHORES BLVD  
HALLANDALE FL 33009 #110  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: 2101 ATLANTIC SHORES BLVD  
HALLANDALE FL 33009 #110  
*(Note: MAY BE POST OFFICE BOX)*

04-16-09  
3. Date of filing/registration in Florida

L07000009334  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Registered Office Address:

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

*(MUST BE FLORIDA STREET ADDRESS)*

ALL FLORIDA FIRM, INC.

813 DELTONA BLVD, STE A

DELTONA FL 32725

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]  
(Signature of a member or authorized representative of a member)

DORIN NEMES  
(Printed or typed name of signer)

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 confirm that the limited liability company has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

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