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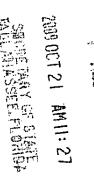
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	
		

Office Use Only



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EXAMINER

COVER LETTER

Division of Corp							
SUBJECT:	G	Sladys	s Beni	tez, LL0	0		
	Name of	Limite	d Liabil	ity Comp	any		
Dear Sir or Madam:							
The enclosed Registered	l Agent/Registered	Office	Change	and fee(s	s) are submitted for	filing.	
Please return all corresp	ondence concerning	g this m	atter to	the follo	wing:		
	adys Benitez						
N	ame of Person						
	/s Benitez, LLC.			_		1987 1989 1989	in the second
11227	NW 78th Street					2009 OCT 21 MIII: 27	
1 (dec des 1	Address			···-			r.
	I, Florida 33178 tate and Zip Code		<u>. </u>	_		: 21	
						•	
vipgl E-mail address: (to be use	adys@aol.com d for future annual report	notificati	on)	_			
For further information	concerning this mat	ter, ple	ase call	:		•	
Gladys B	enitez	at (_		_)	306-9996		
Name of Per	rson			Area Code d	& Daytime Telephone Nun	nber	
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Corpo Tallahassee, Florid	on rations enter Circle		Reg Div P.O	istration S ision of C . Box 632	orporations		
Enclosed is a ch	eck for the followi	ng ame	ount:				
\$25 Filing Fee	e		\$55 Filing Fee & Certified Copy				

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.

Name of the limited liability company:	Gladys Benitez, LLC			
2. (a) Principal office address of limited liability compa	any: 11227 NW 78th Str	11227 NW 78th Street		
(Note: MUST BE STREET ADDRESS)	Doral, Florida 33178			
(b) Mailing address of limited liability company:	11227 NW 78th Street			
(Note: MAY BE POST OFFICE BOX)	Doral, Florida 33178			
2/27/07	L07000022128	3		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of Sta	ate:		
Registered Agent:		- yld Liben		
Registered Office Address:	11227 nw 78th Street Doral, Florida 33178	B 17		
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address			
NEW Registered Agent:	· 25	= "		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9851 nw 58th Street, Unit 104 Doral ,FL33	3178		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered entical. Or, in the case of a Florida limit	office ted ve vote		
Gladys Benitez				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of the composition of	d agree to act in this capacity. I further proper and complete performance of my position as registered agent as provided merely reflect a change in the registered any has been notified in writing of this c	agree to duties, for in office hange.		
Signature of Registered Agent				

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