## 10000034303

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ATLANTIC GREEN TRAD	ING LLC Limited Liability Company)		
(Name of	Elimited Clabinty Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
DORCAS TROCHE	<u> </u>		
(Name of Person)			
RCG ACCOUNTING & ASSOCIATES	S INC.		
(Firm/Company)			
9000 SHERIDAN STREET SUITE 158			
(Address)			
DEMODOLE DINES EL 22024	•		
PEMBROKE PINES, FL 33024 (City/State and Zip Code)			
(City/state and Zip Code)			
For further information concerning this mat	ter, please call:		
DORCAS TROCHE	at ( 954 ) 862-2222		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the followi	ng amount:		
<b> ▼</b> \$25 Filing Fee	\$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.

1. The name of the limite	ed liability company is:	ATLANTIC GR	EEN TRADING, LLC			•
2. The mailing address of	f the limited liability co	mpany is :				
3650 NW 115 AVENUE, DO	ORAL, FL 33178					
	<u></u>					'
03/20/2007 L07000034303						
3. Date of filing/registrat	ion in Florida	4	. Document number			
5. The name of the register Florida Department of		tered office ac	ldress as shown on the	e record	s of the	;
•	JORGE BANDA					
		Name	_			
	3650 NW 115 AVENU					
		Address		=	20	
	DORAL, FL 33178	State and Zip	1880 · · · · · · · · · · · · · · · · · ·	É	03	ALUM PORPL
	•	•		CRE	AUG	
6. The name and address	of the new registered ag	gent and/or of	fice:	ETARY	2007 AUG 17	CONTRACTOR
	CARLOS DEL AGUII	LA		[T] ~~	PH	
		Name		F STATE	<b>3</b> 5	
3650 NW 115 AVENUE			유되	ယ္		
	Florida street address	s (P.O. Box No	OT acceptable)	DA A	င်း	
	DORAL	FL 33178				
	City, S	tate and Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is her of the members of the kin or the operating agreement	hange or changes are m	ade, the Florid	da street address of the Or, in the case of a l	e registe Florida	ered off limited	ice vote ation
(Signature of a member or author	ized representative of a member	er)				
(Printed or typed name of signee)	A. DEL AG	OILA				
I hereby accept the apportunity with the provision and I am familiar with an Chapter 508, F.S. Or, if the address, I hereby confirm	intment as registered as is of all statules relative d accept the obligation this document is being f that the limited liabilit	gent and agree to the proper s of my positio filed to merely y company ha	e to act in this capacit r and complete perfort on as registered agent reflect a change in th s been notified in writ	ty. I fur mance of as prov ie regist ting of t	ther ag of my di vided fo vered of his cha	ree to ities, r in fice nge.

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

(Signature of Registered Agent)