

LD1000038378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

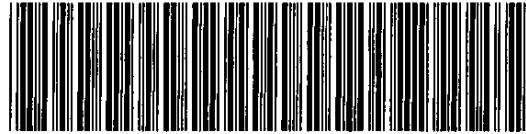
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROBERT DISTEFANO PLC  
(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:

Robert Distefano  
(Name of Person)

Robert Distefano PLC  
(Firm/Company)

7471 West Oakland Plk Blvd  
(Address)

Ft. Lauderdale FL 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Distefano at (954) 572-8000  
(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

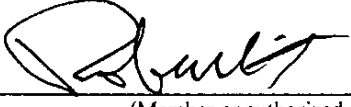
\$55 Filing Fee & Certified Copy

CERTIFICATE DESIGNATING CHANGE  
OF  
REGISTERED AGENT

In compliance with section 608.416 or 608.508, Florida Statutes, the following is submitted:

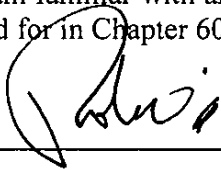
- 1) Name of the Limited Liability Company is Robert DiStefano, PLC
- 2) The date of filing or registration in Florida was
- 3) The document number is
- 4) The current Registered Agent is Filings, Inc., and the street address of the Registered Office is 3732 N.W.16<sup>th</sup> Street, Fort Lauderdale, Florida 33311
- 5) The name of the successor Registered Agent is Robert DiStefano
- 6) The street address of the new Registered Office is 7471 West Oakland Plc  
FT. Lauderdale FL 33319
- 7) Such change of Registered Agent and Registered Office was 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 above named Limited Liability Company.

Date: 6/25/07

Signature   
(Member or authorized representative of Member)

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, Florida Statutes.

Date: 6/25/07

Signature 

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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