

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080000553893)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6390

From:

: GERALD WEINBERG, P.C. Account Name

Account Number : 120030000043

Phone

: (800)342-9856

Fax Number

: (800)354-3381

REGISTERED AGENT CHANGE

C.R.A. SCHETRITT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

G. MCLEOD

MAR - 4 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

, ,

No. 2400 P. 2

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 limited liability company is: C.R.A. SCHETRITT LLC	
2. The mailing address of the limited liability company is: 3200 North Ocean Boulevard,	
Unit 1602, Fort Lauderdale, Florida 3330B.	
April 13, 2007	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State;	_
Incorporating Services, 1td.	DIVISION OF
Name 1540 Glenway Drive Address	S
1540 Glenway Drive	20
	Ξ
Tallahassee, Florida 32301	
	Ξ
6. The name and address of the new registered agent and/or office:	Š
6. The name and address of the new registered agent and/or office: Charles Schetritt	COMPORATION
Name	₫
3200 North Ocean Boulevard - Unit 1602	ج.
Florida street address (P.O. Box NOT acceptable)	
Ft. Lauderdale, FL 33308	
City, State and Zip	
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. (Signante of a member or member of authorized tepresentative of a member)	
CHARLES SCHETRITT (Printed or typed name of signes)	
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 familiat with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Oy, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited flibility company has been notified in writing of this change.	
(Signature of Resistated Agout) CHARLES SCHETRITT	
Division of Corporations, P.O. Box 6327, Tallahasses, FL 32314	
INH318 (8/05)	

(+1080000553873)