L07000043376

(Requestor's Name)		
(Address)		
(411)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL
(D.,.	ainaga Entitu Nes	, , , , , , , , , , , , , , , , , , ,
(Bu	siness Entity Nar	пе)
(Document Number)		
Certified Copies	_ Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



400155807374

05/14/09--01045--016 **25.00

2009 HAY 21 AH 10: 09
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
MAY 2 V 2009
EXAMINER



May 15, 2009

GOVANNY NANCY FLORES 4600 NW 178 STREET MIAMI GARDENS, FL 33055

SUBJECT: DD & F INDUSTRIES LLC

Ref. Number: L07000043376

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please can (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 809A00016649

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DD & F INDUSTRIES LL (Name of	C of Limited Liability Company)	<u>-</u>	a
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
GOVANNY NANCY FLORES (Name of Person)			
DD & F INDUSTRIES LLC (Firm/Company)			
4600 NW 178 Street (Address)	ACLAHASSI	2009 HAY 2.1	
Miami Gardens, FL 33055 (City/State and Zip Code)	SEE, FLORI	·	
For further information concerning this matte	D A	⁻ 3	
GOVANNY NANCY FLORES (Name of Person)	at (786) 395-8979 (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	g amount:		
	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY CGMPANY

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: DD &	F INDUSTRIES LIC
2. (a) Principal office address of limited liability company	4600 NW 178 Street
(Note: MUST BE STREET ADDRESS)	miami Gardens
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2. Day of Charles to the Plants	L070000 43376
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	David Kivera
Registered Office Address:	4600 NW 178 STreet miami Fi 33055
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Govanny Nancy Flores 4600 NW 1785T
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other	lorida street address of the registered office it ical. Or, in the case of a Florida limited was/were authorized by an affirmate vote
or the operating agreement of the limited liability company Wally Signature of a member or authorized representative of a member	AN IO: 09
Printed or typed name of signee	<u>-</u> .
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my po Chapterfold, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Cornovations, P.O. Box 63	27. Tallahassee, FL 32314

FILING FEE: \$25.00