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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 3040 N. 29th AVENUE LLC (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 n	matter to the following:	
Eric Schneider (Name of Person)  TOXXIOUNTAVERSELLA  BOXOLANA CHEMICAN (Firm/Company)	ia gao	
7027 QUEENFERRY C)		
BOCA PATON FL 3349 (City/State and Zip Code)	96	
For further information concerning this matter, ple	ease call:	
Eric Schneider at (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 am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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: 3040 N Z9 th Avenue LLC
2. The mailing address of the limited liability	company is: 2940 Surrey Lane
	WESTON FL 33331
4-30-07	L07 0000 45535
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	egistered office address as shown on the records of the  Name  ST PAPK AVE  Address  L 32301  ity, State and Zip
6. The name and address of the new registered  Fig. 5.  7027 G  Florida street addr	d agent and/or office:  All All Assets Asset
City	FL 33496 F F
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compa or the operating agreement of the limited liability companies of a member or authorized representative of a member of a member of authorized representative of a member of signee)	ed under the laws of the State of Florida, it is hereby e made, the Florida street address of the registered office twill be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote any or as otherwise provided in the articles of organization ility company.

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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