LD7000048737

, (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

MILANASSEE, FLORID

C. LEWIS
DEC 2 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·	
SURJECT: DAI 640		
SUBJECT: DAI LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
A YODHA PERSAUD (Name of Person)		
(Name of Person)		
_		
DAI, LLC (Firm/Company)		
6101 NW 31 STREET	-	
(Address)		
MARGATE FL. 33063 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
AYODHA PERSAUD	at (<u>954</u>) <u>977 - 2722</u> (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
CTDEET/COUDIED ADDRESS.	MAILING ADDRESS:	
STREET/COURIER ADDRESS: Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
· ·		
Enclosed is a check for the following	_	
☑ \$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.

Name of the limited liability company:	LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	MARGATE FL. 33063	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6101NW 31 STREET MARGATE, FL 33063	
05/08/2007 3. Date of filing/registration in Florida	L07000048737	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	FILING, INC.	
Registered Office Address:	3732 N.W. 16th STREET FT. LAUDERDALE, FL. 33311	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	AYODHA PERSAUD	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6101 NW 31 STREET MARCTATE ,FL 33063	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed at address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the	
A YODHA PERSAUD (Printed or typed name of signee)	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
FILING FEE	: \$25.00	