## 107000070569

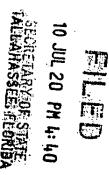
(Requestor's Name)			
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(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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D. BRUCE

JUL 21 2010

**EXAMINER** 

## **COVER LETTER**

Div	vision of Corporations		
SUBJECT	·•	ADL AIR LLC	
oobobe.		mited Liability Company	<del></del>
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for	filing.
Please retu	rn all correspondence concerning the	his matter to the following:	
		~ · · · ·	
	LOURDES BARRERA		
	Name of Person		
•	ADL AIR LLC		<b>3</b>
	Firm/Company		
	14720 SW 156TH AVENUE		1 2 2 S
	Address	<del></del>	
	NALANAL EL ODIDA 22406		ASSE SIAM
	MIAMI FLORIDA 33196 City/State and Zip Code	<del></del>	<b>調 6</b>
	Onyround and any odde	₩.	<b>.</b>
	lourbarrera@vahoo.com	<u> </u>	
E-mail a	lourbarrera@yahoo.com address: (to be used for future annual report no	tification).	
For further	information concerning this matter	r, please call:	
1	LOURDES BARRERA	at ( 786 ) 234-6807	
•	Name of Person	Area Code & Daytime Telephone Nur	mber
ST	REET/COURIER ADDRESS:	MAILING ADDRESS:	
Reg	gistration Section	Registration Section	
	vision of Corporations	Division of Corporations	
	fton Building	P.O. Box 6327	
	1 Executive Center Circle	Tallahassee, Florida 32314	
Tal	lahassee, Florida 32301		
En	closed is a check for the following	g amount:	
<b>7</b>	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

100 J

TO: Registration Section

## 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. Name of the limited liability company:	ADL AIR LLC		
2. (a) Principal office address of limited liability company	9705 COSTA DEL SOL BLVD		
(Note: MUST BE STREET ADDRESS)	DORAL FLORIDA,33178		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST-OFFICE BOX)			
07/06/2007	L07000070569		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Depa of State:		
Registered Agent:	LOURDES BARRERA		
Registered Office Address:	9705 COSTA DEL SOL BEAD SOL DORAL FL 33178		
• •			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address			
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14720 SW 156TH AVENUE  MIAMI ,FL33196		
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.  Signature of a member or authorized representative of a member			
LOURDES BARRERA Printed or typed name of signee	_		
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. 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.			

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

Signature of Registered Agent