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COVER LETTER

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TO: Registration Section Division of Corporations	•
SUBJECT: ELIMO, LLC	2 11 12 0
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
HOWARD B. NADEL	
name of Person	
HOWARD B. NADEL, P.A	A. 2014 JAN 13
Firm/Company	
301 W. Hallandale Beach	Blvd.
Hallandale Beach, Fl 330	09
City/State and Zip Code	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter,	
Howard B. Nadel	954 455-5100
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	amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY .

liability company submits the following statement in or agent, or both, in the State of Florida.	, Florida Statutes, the der to change its registere	e undersigne ed office or r	d limited egistered	
1. Name of the limited liability company: ELIMO, LLC				
2. (a) Principal office address of limited liability compa	ny: 12292 Wiles Road			
(Note: MUST BE STREET ADDRESS)	Coral Springs, Florida 33076	- 3		
				
(b) Mailing address of limited liability company:	12292 Wiles Road	Come China		
(Note: MAY BE POST OFFICE BOX)	Coral Springs, Florida 33076	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	موج.ن	
(======================================				
July 16, 2007	L07000073236		x 9	
3. Date of filing/registration in Florida	4. Document number	~4 \		
3. Date of fining/registration in Florida	4. Document number	المسترانية	(F)	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	a Dent of Sta	ess (SS)	
	ELI SUISSA	a Dept. of Sta		
Registered Agent:	ELI SUISSA			
Registered Office Address:	12292 Wiles Road			
1108.0.1010	Coral Springs, Florida 33076			
NEW Registered Agent:	MOUNIR ABD EL HAI			
NEW Registered Office Address:	12292 Wiles Road			
(MUST BE FLORIDA STREET ADDRESS)				
	Coral Springs	F1 330	76	
	Coral Springs	,FL <u>330</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	te laws of the State of Flori Florida street address of the entical. Or, in the case of a soft was/were authorized by wise provided in the article	da, it is hereb he registered of Florida limit an affirmativ	office ed ve vote of	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00