107000091497

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone) #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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SECRETARISES, FLORIDA
TAIL ALIAS SEE, FLORIDA

J. BRYAN
OCT - 7 2010
EXAMINER

COVER LETTER

			0012	· LLI					
TO:	_	on Section of Corporations							
SUB	JECT:		Miss An	ita Fis	hing	LLC			
	•	Name	of Limited	d Liabil	ity Co	mpany			
Dear	Sir or Mada	m:							
The	enclosed Reg	gistered Agent/Registe	red Office (Change	and fe	ee(s) are submitted fo	or filing.		
Pleas	se return all o	correspondence concer	ning this m	atter to	the fo	llowing:			
		Irene Chen			_				
		Name of Person							
		Miss Anita Fishing L	LC		_		T's	=	
	111	Firm/Company S Armenia Ave Sui	to 201				ALLAHASSEE, FLORID	007 -	FILED
111 S. Armenia Ave. Suite 201 Address			_		SEE.	රා	m		
							10 m	P	
		Tampa El 22600					082 2		
		Tampa, FL 33609 City/State and Zip Code			_		57	္မယ္ဟ	
		,							
	irene E-mail address: (e@transglobalproduc	ts.com	on)	_				
		nation concerning this			•				
	II.	rene Chen	at (813)	839-9060			
	Nai	me of Person			Area Co	de & Daytime Telephone N	lumber		
	embrem.	COUDIED ADDRESS.		3.7.4	11 INC	ADDDECC			
*****			G ADDRESS: on Section						
	•			f Corporations					
	Clifton Building P.O. Box 6327								
		utive Center Circle				e, Florida 32314			
	Tallahasse	e, Florida 32301							
	Enclosed	is a check for the foll	owing amo	ount:					
	√ \$25 Fil	ling Fee		\$5	5 Filir	ng Fee & Certified C	ору		

. , <u>.</u> _@

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:	Miss Anita Fishing LLC			
2. (a) Principal office address of limited liability company	111 S. Armenia Ave. Suite 201			
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33609			
(b) Mailing address of limited liability company:	111 S. Armenia Ave. Suite 201			
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33609			
09/06/07	L07000091497			
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:	Irene Chen			
Registered Office Address:	3825 Henderson Blvd TS			
	Tampa, FL, 33629			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Irene Chen			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	111 S. Armenia Ave. Suite 201 5			
	Tampa ,FL 33609			
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				
Irene Chen	_			
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 pround I am familiar with and accept the obligations of my po Chapter 608, 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 whas been notified in writing of this change.			
Signature of Registered Agent				

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