## LD1000097758

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
L.	SELLERS
	JUL 1 = 2010

Office Use Only

**EXAMINER** 



500163729015

07/06/10--01018--005 \*\*60.00

SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations				
SUBJECT.	Gold Coa	st Sale	s & Distribi	ition IIC
SUBJECT: Gold Coast Sales & Distribution, 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 correspo	nndence concerning	this mat	er to the follo	owing:
riouso rotatii aii vomospe	macrice concerning	, 11115 11141		, · · · · · · · · · · · · · · · · · · ·
loco	nh A Porrollo			
Joseph A. Porrello Name of Person				
lacanh	A Borrollo D A			
	A. Porrello, P.A.		<u> </u>	
	• •			
ВО	Doy 450240			
	Box 450249		<del></del>	
	·			
<b>5.4</b> °	: EL 00045			
	mi, FL 33245  te and Zip Code			
eny ou	ne and Esp Code			
E-mail address: (to be used	for future annual report n	otification)		
For further information c	oncerning this matt	er pleas	v a a l l v	
ror further information c	oncerning this matt	er, prease	can.	
Joseph A. F		_ at (	305 )	374-0092
Name of Pers	on		Area Code	& Daytime Telephone Number
STREET/COURI	ER ADDRESS:		MAILING A	ADDRESS:
Registration Section			Registration S	
Division of Corpora	ations		Division of C	
Clifton Building	en		P.O. Box 632	
2661 Executive Cer			Tallahassee, l	Florida 32314
Tallahassee, Florida	1 32301			
Enclosed is a check for the following amount:				
[7] \$25 Filing Fee		٣	T \$55 Filing	Fee & Certified Copy

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. Gold Coast Sales & Distribution, LLC 1. Name of the limited liability company: \_ 2. (a) Principal office address of limited liability company:

The state of the s	•				
(Note: MUST BE STREET ADDRESS)	470 S.W. 12th Avenue				
	Deerfield Beach, FL 33442				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	470 S.W. 12th Avenue				
	Deerfield Beach, FL 33442				
September 11, 2007	L07000092758				
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:  Joseph A. Porrello					
•	· · · · · · · · · · · · · · · · · ·				
Registered Office Address:	2200 South Dixle Highway Suite 702-A				
	Coconut Grove, FL 33133				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Michael Velez				
NEW Registered Office Address:	470 S.W. 12th Avenue				
<u>(MUST BE FLORIDA STREET ADDRESS)</u>					
	Deerfield Beach ,FL33442				

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 organization of the limited liability company.

Signature of a member or authorized representative of a member

Michael Velez

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. The there or comply with the provisions of all statutes relative to the proper und complete performance of my dutional limitation with and accept the obligations of my position as registered agent as provided for Chapter 108. It. Or, if this document is being filed to merely reflect a change in the registered office adults to thereby confirm that the limited liability company has been notified in writing if this many

Signature of Registered Agent

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