

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # L07000103485

Mailing Address  
8724 VIA REALE  
BOCA RATON, FL 33496

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
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 Delete

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Change    ☐ Addition

☐ Change    ☐ Addition

☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition☐ Change      ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/08

561-4511757

Da

Daytime Phone #