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(Requestor's Name) (Address) (Address)	900242168319
(City/State/Zip/Phone #)	11/29/1201013005 **25.00
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Special Instructions to Filing Officer:	FILED 12 NOV 29 PH 5: 08 TALLAHASSEE, FLORIDA
	B. BOSTICK NOV <b>3 0</b> 2012 Examiner

## COVER LETTER 🔮 👘 👌

TO: Registration Section Division of Corporations

# SUBJECT: CrossBDC 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 correspondence concerning this matter to the following:

Francesco Matteini

Name of Person

CrossBDC LLC

Firm/Company

PO Box 430074

Address

South Miami, FL 33243

City/State and Zip Code

manager@crossbdc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francesco Matteini

Name of Person

at (561 ) 613-3486

Area Code & Daytime Telephone Number

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#### 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

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: CrossBDC LLC
- 2. (a) Principal office address of limited liability company: 7415 SW 56 Avenue Miami, FL 33143 (Note: MUST BE STREET ADDRESS)
  - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

PO Box 430074 South Miami, FL 33243

#### 10/31/2007

3. Date of filing/registration in Florida

L07000110197

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

**Registered Agent:** 

Francesco Matteini FOR OWNOR ON A

Registered Office Address:	29/1 2 W 8/ Street
	South Miami, FL 33143
(b) Enter name of <b>NEW Registered Agent</b> and/or <u>N</u>	EW Registered Office address
NEW Registered Agent:	Francesco Matteini
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7415 SW 56 Avenue
	Miami F1 33143

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

Francesco Matteini

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.

\_ ſ Signaturg of Registered Agent

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