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J. SAULSBERRY EXAMINER NOV 3 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 39th AVE LLC  Name of Limited L	iability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Michael T. Liuzzo  Name of Person		
39th AUC LLC Firm/Company	SECT N	
305 Sw7th Terr  Address  Coainesville Florida 3260  City/State and Zip Code	2010 NOV -2 PH 3: 15 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	
E-mail address: (to be used for future annual report notification)	<u> </u>	
For further information concerning this matter, please	call:	
Michael T. Livzro at (35)	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	

INHS18 (5/08)

## , 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: 39th A	-ve LLC	
2. (a) Principal office address of limited liability company	305 SW 744 Tess	
(Note: MUST BE STREET ADDRESS)	Cowines Sille Flores \$2601	
(b) Mailing address of limited liability company:	- SSER - 2	
(Note: MAY BE POST OFFICE BOX)		
ular la la	224	
1113 12007	L07001156688 5	
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:	leregert 6 hivzzo	
Registered Office Address:	4816 SW go th AL.	
	Cearherville Fl. 32608	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Michael T. Livzzo	
NEW Registered Office Address:	305 SW 7th Terr.	
(MUST BE FLORIDA STREET ADDRESS)	legainesuille ,FL 32601	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  William I am of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote wise provided in the articles of organization.  This Form Acstores the original appointed Agisterial agent, loregory to Livzzo hock po Authority to File the changes of negritered agent on Oct 8, 2010  This form Acstores the original appointed Agisterial agent.  Oct 8, 2010	
18/NX		

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

Signature of Registered Agent