L07000126757

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SECRETARY OF STATE OIVISION OF CORPORATIONS

J. BRYAN

MAR - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Universal Grease Consolidators, 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:					
Gordon A. Dieterle, Esquire					
(Name of Person)					
McClosky, D'Anna & Dieterle, LLP (Firm/Company)	DIVISION C				
0000 Clades Deed Cuits 400 Feet Terre	ω				
(Address)	POR S				
Boca Raton, Florida 33431	PH 3: 58				
(City/State and Zip Code)	· ·				
For further information concerning this matter, please call:					
Gordon A. Dieterle, Esquire at (561) 368-9200					
(Name of Person) (Area Code & Daytime Telephone Nu	mber)				
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. The name of the limite	ed liability compa	any is: Universal G	rease Consolidators, LI	LC	
2. The mailing address o	f the limited liab	ility company is:	433 Plaza Real, Suit	e 275	
Boca Raton, FL 33432					
February 21, 2008			L07000126757		
3. Date of filing/registration in Florida 4. Docume			4. Document num	iber	
5. The name of the registe Florida Department of		e registered office	address as shown o	on the records of the	
	Glinn Somera				
Name 212 N. Federal Highway					
	Z 1Z IV. I edelal	Address		SECRETARY JIVISION OF CO 08 MAR -3	
	Deerfield Beac			HA SION	
		City, State and Z	ip	7 9 9 P	
6. The name and address	of the new regist	ered agent and/or	office:	F CORPORATIONS -3 PM 3: 58	
	Gordon A. Diet	terle, Esq.		3: 58	
	2200 Clodes De	Name	of Tours	5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
2300 Glades Road Suite 400 East Tower Florida street address (P.O. Box NOT acceptable)				3 15	
	rioriua street a	iddress (P.O. Box	NOT acceptable)		
	Boca Raton,	FL 3343			
	(City, State and Zip)	·	
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author	hange or changes the registered ag reby confirmed to ited liability cor tof the limited l	s are made, the Flogent will be identice that the change(s) inpany or as otherwishible that the company.	orida street address cal. Or, in the case c was/were authorized	of the registered office of a Florida limited I by an affirmative vote	
Gordon A. Dietere					
(Printed or typed name of signee)	<u> </u>				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registe s of all statules r d accept the obli his document is l that the limited i	ered agent and ag elative to the prop gations of my posi being filed to mer liability company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)					

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