## L08000019552

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Zip/Filotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, -===,
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000120358950

03/14/08---01024---006 \*\*25.00

SECRETARY OF STATENS DIVISION OF CORPORATIONS

J. BRYAN

MAR 17 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SWEET MARRAKESH LL (Name of	C Limited Liability	Company)	
Dear Sir or Madam:		•	
The enclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.	•
Please return all correspondence concerning	g this matter to th	e following:	
YOUNESSE ZEROUAL			
(Name of Person)			0 8
SWEET MARRAKESH LLC			08 MAR 14
(Firm/Company)			14
C/O Olivier Bernicat, 16850-112 Collin	ıs Ave #318	,	MAR IL PH 3: 49
(Address)	,		3: 4:
Sunny Isles Beach, FL 33160			COL S
(City/State and Zip Code)		•	
For further information concerning this ma	tter, please call:		
Younesse Zeroual	at ( 305	316-3700	
(Name of Person)		Area Code & Daytime Telephone	: Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
	□ \$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 limited liability company is:	SWEET MARRAKESH LLC		
2. The mailing address of the limited liability co	ompany is : C/O Olivier Bernicat, 16850-112 Co	ollins	Ave
#318, Sunny Isles Beach, FL 33160			
02/22/2008	L08000019552	•	
Date of filing/registration in Florida 4. Document number			
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records	s of t	he
Eric Amsallem	•		
	Name		
16485 Collins Ave #9			_
Address			N <sub>S</sub>
Sunny Isles Beach, F	State and Zip		<u> </u>
•			유물가
6. The name and address of the new registered agent and/or office:		£	
Olivier Bernicat	:	OR MAR IL PM 3: L9	ED Y OF STATE ORPORATIONS
Name		ယ္	RAS
16850-112 Collins Ave #318		Ę.	<u>S</u> m
Florida street address	s (P.O. Box NOT acceptable)		C/S
Sunny Isles Beach	FL 33160		
City, S	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	nade, the Florida street address of the register ill be identical. Or, in the case of a Florida li c change(s) was/were authorized by an affirm or as otherwise provided in the articles of or	red o imite	office ed
(Signature of a member or authorized representative of a member	er)		
	,		
(Printed or typed name of signee)			
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation	gent and agree to act in this capacity. I furt e to the proper and complete performance of is of my position as registered agent as provi	her d f my ided	agree to duties, for in

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.

(Signature of Registered Agent)

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