108000025753

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(-1,7-2111-1-1,7		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
<u> </u>		
<u> </u>		
Special Instructions to Filing Officer:		
<i>,</i>		

Office Use Only



400218071244

01/12/12--01026--018 **25.00

2012 JAN 12 AM 8: 43
SECRETARY OF STATES.

J. SAULSBERRY EXAMINER

JAN 13 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FOR MERCEDES 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:		
MARCO KOOP Name of Person FOR MERCEO! Firm/Company 4752 NE 11AUC Address Oak lond Park, I City/State and Zip Code 4mbtronix Qama: E-mail address: (to be used for future annual report spotification)	TARY OF STATE AND	
For further information concerning this matter, please call:		
MARCO KOOP at (-64	(Co) Code & Daytishe Telephone Number	
Registration Section Division of Corporations Clifton Building	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 liability company submits the following statement in or agent, or both, in the State of Florida.	2.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company:	MERCEDES LLC
2. (a) Principal office address of limited liability compa	iny: 4752 NE 11 AUE
(Note: MUST BE STREET ADDRESS)	Oakland PARIC, FC
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
1/11/12	L08 B00025753
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	LANA VON FUNK
Registered Office Address:	MINHAU FL 3301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	EW Registered Office address: MMCO KOOP 4750 NE NAUE
(MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
Signature of a member or authorized representative of a member	ARY SSE
Printed or typed name of signee	TO A III
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the land I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of the composition of	l agree to act in this capacity I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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