L08000032603

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
· .	-		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
openia, menanana as , milg = mila			

Office Use Only



000184047150

000184047150 08/19/10--01024--025 **25.00

FILED
10 AUG 19 PM 12: 32
SECRETARY OF STATE
ANALYSSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VICTORY KOSHER SUPERMARKETS, LLC					
	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Terry V Hauser					
Name of Person					
Firm/Company					
444 Brickell Ave, #700					
Address					
Miami, FL					
City/State and Zip Code					
TVHMiami@AOL.com E-mail address: (to be used for future annual report n	offication)				
D man address. (to be used to resize dimens report in					
For further information concerning this matter	er, please call:				
	•				
Terry V Hauser	at (305) 371-5588				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the followin	og amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				
NHS18 (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: _	VICTORY	KOSHER SUPERM	ARKETS	3 <u>. LL</u>	<u>.C</u>
2. (a) Principal office address of limited lial	bility company:			·	
(Note: MUST BE STREET ADDR.	ESS)	4811 SOUTH STATE I DAVIE FL 33314	ROAD 7		
(b) Mailing address of limited liability co	ompany:				
(Note: MAY BE POST OFFICE B	<u>0X</u>)	4811 SOUTH STATE F DAVIE FL 33314	ROAD 7		
03/31/2008		L0800003	2603		
3. Date of filing/registration in Florida	4	Document number			
5. (a) Registered Agent and Registered Off	ice shown on th	ne records of the Florida I	Dept. of St	ale:	
Registered Agent:		Terry V Hauser	=	<u> </u>	
Registered Office Address:		444 Brickell Ave, Suite Miami, FL 33131	750	A NG	
			<u> </u>	<u>5</u>	一
(b) Enter name of NEW Registered Age	ent and/or <u>NEW</u>	Registered Office addr	rest C	PM	ED
NEW Registered Agent:		Avraham Ravid	- SI	<u>~~</u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1836 Rodman Street	SH	38	_
		Hollywood	,FL_3	3020	_
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agen liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the imited liability.	re made, the Flo at will be idention t the change(s) any or as othery	orida street address of the cal. Or, in the case of a F was/were authorized by a vise provided in the article	registered lorida limi n affirmati	office ted ive vo	te
Signature of a member or authorized representative of a me	mber				
Avraham Ravid					
Printed or typed name of signee			T. C. male		
I hereby accept the appointment as registere comply with the provisions of all statutes releand I am familiar with and accept the obligate Chapter 608, FSI Or, if this document is being address, I hereby confirm that the limited liab	ed agent and ag ative to the prof tions of my post ing filed to mer bility company	ree to act in this capacity oer and complete perform ition as registered agent c ely reflect a change in the has been notified in writi	ance of my is provided registered ago this control of this con	agree y dutie d for i l offic hange	? 10 ?S, n e e e.
Signature of Registered Agent	. 				
Division of Corporations FII	, P.O. Box 632 JNG FEE: \$2	•	4		
INHS18 (05/08)					