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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LLS HOLDINGS, 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:		
CYNTHIA WEBSTER Name of Person		
ALF FAMILY OFFICE		
Firm/Company		
433 PLAZA REAL, #275 Address		
BOCA RATON, FL 33432 City/State and Zip Code		
CWEBSTER@TRACKINGINNOVATIONS.COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CYNTHIA WEBSTER at (561) 962-4106		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{ S55 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.

Name of the limited liability company:	LLS HOLDINGS, LLC		
2. (a) Principal office address of limited liability compan	LORI ALF		
(Note: MUST BE STREET ADDRESS)	1235 MARBLE WAY BOCA RATON, FL 33432		
(b) Mailing address of limited liability company:	LORI ALF C/O C. WEBSTER		
(Note: MAY BE POST OFFICE BOX)	433 PLAZA REAL, #275 BOCA RATON, FL 33432		
05/30/2008	L08000053937		
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 State		
Registered Agent:	LORIALE		
Registered Office Address:	1235 MARBLE WAY BOCA RATON, FL 33432		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: CYNTHIA WEBSTER		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	433 PLAZA REAL SUITE 275 BOCA RATON ,FL33432		
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
LORI ALF	· · · · · · · · · · · · · · · · · · ·		
Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my participated by F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		

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