L08000056726

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Status	_
Special Instructions to I	Filing Officer:	
	٠	
	·	

Office Use Only



800137914078

11/17/08--01017--009 **25.00



S. HAWKES

NUV 1 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOSS Z	ant Bueban 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	g this matter to the following:
Hillel L. Presser	,,, , , , , , , , , , , , , , , , , ,
(Name of Person)	
Presser Law Firm	
(Firm/Company)	
401 E. Las Olas Blvd., Suite 1400	
(Address)	
Fort Lauderdale, FL 33301	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this ma	tter, please call:
Hillel Presser	at (561) 703-1839
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

508.508, Florida Statutes, the undersigned limited liability to change its registered office or registered agent, or both, South Repart LLC
3) CON BURDAN ZZZ
mpany: 19340 SW 54th St. Miramar, FL 33029
FOC+ MIDELLAS OBS Blud, Ste 1400
L08000056726
4. Document number
wn on the records of the Florida Dept of State:
Hillel Presser
313 NE 2nd St. #505 Fort Lauderdale, FL 33301
or NEW Registered Office address: Presser Law Firm
401 E. Las Olas Blvd., Suite 1400
Fort Lauderdale m ,FL 33301

ş . 🖘