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Division of Corporations

Pox Mumber

(850)617-6380

Prom:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

REGISTERED AGENT CHANGE

JOHN MAROUSSAS LLC

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EXAMINER

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H08000163969

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

Pursuant to the provisions of submits the following statemen.	sections 608.416 or 608.1 Tin order to change its regi	508, Florida istered office	Statutes, the undersign or registered agent, or	ned limited liability is both, in the State of	mpany lorida.	
I. The name of the limited liabi				,		
2. The mailing address of the lin			lake Boulevard			
Palm Beach Gardens FL 3340						
6/26/2008			1.080	00062613		
3. Date of filing/registration in Florida		4	Document number	<u> </u>		
5. The name of the registered a Florida Department of State:		ice address a	s shown on the records	of the		
	CORPORATE CREATIO	NS NETWO	RK, INC.			
		Name		_		
	11380 PROSPERITY FA		#221E	_		
Address					271	80
PALM BEACH GARDENS F			<u> </u>	_	<u>28</u>	CO
	City, \$i	tate and Zip			`≥≍ -	JUL
3. The name and address of the	new registered agent and/o	of office:			CHETARY OF AHASSEE, FL	' J
John Marousens				XX 25		
		Name			im C	P
	524B Northiake Boulevard			_	FLORID	
·	Florida street address (P.O. Box NC	T acceptable)		LOH!!	ణ
	Palm Beach Gardens	FL	33403	_	DH	Ę
	City, \$6	tate and Zip				4
If the limited liability company or changes are made, the Florid identical. Or, in the case of a F an affirmative vote of the memit the operating agreement of the Signature of a member of atthorns John Maroussas—Mc by Valerie Hawk as attorn (Frinced or Typed figures)	la street address of the registionida limited liability combors of the limited liability limited liability company. Ilmited liability company. Led representative of a member in the liability of the liability company.	stered office pany, it is he company or	and the business office reby confirmed that the as otherwise provided i	of the registered ager e change(s) was/were in the articles of organ	: will be uthorized zation or	by
I hereby accept the appointmen of all statutes relative to the pre my position as registered agent in the registered office address (Signature of Registered Agent) of	oper and complete perform as pravided for in Chapter Thereby confirm that the l	ance of my d r 608, P.S. C imited liabili	utles, and I am familia ir, if this document is h ty company has been n	r with and accept the eing filed to merely re	i bligations e lect a cha	of The
	n of Corporations, P.	O. Box 63	27, Tallahassee, F	L 32314		
INHS18(10/99)	, -		•	•		

Law Offices of Wayne Levine 2328 10th Avenue North, Suite 500 Lake Worth FL 93461 561-582-8077

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