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C. LEWISDEC 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peal Estate Transaction Services of Name of Limited Liability Company	LLC
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:	
Bonita Shear Name of Person	
Firm/Company	
119109 Dautica Dr. Address	
Orlando II 32837 City/State and Zip Code	
RETS at AFL RR.COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bruta Shar at (401) 2995208 Name of Person at (401) 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 amount:	
\$25 Filing Fee \$\infty\$ \$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 608.3 liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: Real Es	state Transaction Sen
2. (a) Principal office address of limited liability compan	y: 11969 Nautical
(Note: MUST BE STREET ADDRESS)	Orlando, F1 32827
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same as above
1808 3. Date of filing/registration in Florida	1.08000001738 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Cunthia Eagli
Registered Office Address:	2034 Sunset Terrace
V	Octordo, F1 30820
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Bon Ha Shear
NEW Registered Office Address:	11949 Dauticator
(MUST BE FLORIDA STREET ADDRESS)	ortando ,FL 32827
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	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of a member or authorized representative of a member	- FE B T
Bontashor	TALLARIAS SECRETA
Printed or typed name of signee	Single Tri
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 pochapter 608, F.S. Or, if this document is being filed to me address, I have by confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this dange.
Signature of Registered Agent	題で、こ
Division of Corporations, P.O. Box 63 FILING FEE: \$	

INHS18 (05/08)