D8WV089895

(Requestor's Name)
(Address)
(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:
·
Office Use Only



000162204440

11/03/09--01026--007 **25.00

B. KOHR

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	ARKS, L.L.C. d 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 n	Change and fee(s) are submitted for filing. natter to the following:
Deborah Love Name of Person	
Friedman, Rosenwasser & Goldbaum, F	P.A
5355 Town Center Road, Suite 801 Address	
Boca Raton, Florida 33487 City/State and Zip Code	<u>. </u>
dlove@frglaw.com E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, ple	ease call:
Deborah Love at (at (561) 395-5511 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 am	ount:
\$25 Filing Fee	\$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 608.508, 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:	TM Marks, L.L.C.	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	3350 N.W. Boca Raton Blvd., Ste. B-38 Boca Raton, Florida 33431	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	3350 NW Boca Raton Blvd., Ste. B-38 Boca Raton, Florida 33431	
09/22/2008	L08000089895 👱	
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. of State		
Registered Agent:	Sasson Moulavi	
Registered Office Address:	591 Phillips Boca Raton, Florida 33431	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>Friedman Rosenwasser & Goldbaum PA</u>		
NEW Registered Office Address:	5355 Town Center Road	
(MUST BE FLORIDA STREET ADDRESS)	<u>Suite 801</u> <u>Boca Raton</u> ,FL <u>33486</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.	
Sasson Moulavi Printed or typed name of signee	<u> </u>	
I hereby accept the appointment as registered agent and	agree to act in this canacity. I further agree to	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ranala I. Tasmuassa Signature of Registered Agent

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