L08000091136

(Requestor's Name)			
(Addrss)			
(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:

A. LUNT

AUG 2 7 2009

EXAMINER

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SECKETARY OF STATE
TALLAHASSEE, FLORING

FILED

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:		TAL GROUP 1111, LLC mited Liability Company		
		ypy		
Dear Sir or Madam:				
The enclosed Registered	I Agent/Registered Of	fice Change and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning th	his matter to the following:		
<u> 60</u>	DRGE. LA	UPER	2009 AUG 26 SECRETAR TALLAHASS	
	APITAL GROUP		26 PM 12: 49 ARY OF STATE ASSEE, FLORID	
3180 STIRLING ROAD Address				
	WOOD, FL 33021 tate and Zip Code			
E-mail address: (to be use	DCVC QMC	all.Com		
For further information	concerning this matter	: please call:		
Name of Per	Drge	•	4-8944 elephone Number	
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, Florid	on rations enter Circle	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 323	s	
Enclosed is a ch	eck for the following	amount:		
\$25 Filing Fee)	S55 Filing Fee & Cer	rtified Conv	

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:	CAPITAL GROUP 1111, LLC		
2. (a) Principal office address of limited liability con	mpany:		
(Note: MUST BE STREET ADDRESS)	3180 STIRLING ROAD SHOULYWOOD, FL 33021		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	3180 STIRLING ROAD HOLLYWOOD, FL 33021		
4/23/09	L08000091 备员 :5		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	vn on the records of the Florida Dept. of State:		
Registered Agent:	GEORGE KAUPER		
Registered Office Address:	4611 SOUTH UNIVERSITY DRIVE 405		
	DAVIE, FL 33328		
(b) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered Office address:		
NEW Registered Agent:			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3180 STIRLING ROAD		
MICOL BE LEGALDING THE PROPERTY OF THE PROPERT	HOLLYWOOD ,FL33021		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or an account of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization		
Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, position as registered agent as provided for in to merely reflect a change in the registered office		
address, I hereby confirm that the limited liability con	mpany has been notified in writing of this change.		

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

Signature of Registered Agent