L08000098163

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
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AND ADDRESSED FOR STATE

G. HARVEY

MAY 1 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			ı					
SUBJ		WT VE							
	Name o	of Limite	d Liabi	lity Co	ompany				
Dear	Sir or Madam:								
The e	nclosed Registered Agent/Registered	d Office	Change	and f	fee(s) ar	e submitte	ed for fili	ng.	
Please	e return all correspondence concerni	ng this m	atter to	the fo	ollowing	g:			
	CHRISTINE HIGHSMIT	ГН							
-	Name of Person			_					
	WT VENTURES, LLC Firm/Company		 .						
	runicompany						3		
	111 SOUTH 21 AVENU	JΕ							
	Address						돌	==	
							200	JVW	7
	HOLLYMOOD EL 2202	20					हेर्नु हुन्। इस	Ġ	
	HOLLYWOOD, FL 3302 City/State and Zip Code	20		_			<u> </u>	2	
	City/State and Zip Code								<u></u>
							KIR	<i>လ</i>	
F	chighsmith@interceptinvestiga -mail address: (to be used for future annual repo	tion.com	<u>nn)</u>				٠.٠	0	
D	man address. (to be used for fatale almain repo	1 CHOCHICALI	011)						
For fu	orther information concerning this ma	atter, ple	ase call	l:					
	CHRISTINE HIGHSMITH	at (_	954)		923-70			
	Name of Person			Area C	ode & Day	time Teleph	one Number		
	STREET/COURIER ADDRESS:		MA	ATT TN:	C ADDI	DIFCC.			
	STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section								
	Division of Corporations Division of Corporations								
	Clifton Building P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32314									
	Tallahassee, Florida 32301								
	Enclosed is a check for the follow	ving amo	ount:						
	\$25 Filing Fee		[7] \$5	55 Fili	ng Fee	& Certifie	ed 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.

ý							
Name of the limited liability company:	WT VENTURES, LLC						
2. (a) Principal office address of limited liability company	y: 111 SOUTH 21 AVENUE						
(Note: MUST BE STREET ADDRESS)	HOLLYWOOD, FL 33020						
(b) Mailing address of limited liability company:	111 SOUTH 21 AVENUE						
(Note: MAY BE POST OFFICE BOX)	HOLLYWOOD, FL 33020						
10/17/2008	L08000098163						
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:	WILLIAM S. ISENBERG						
Registered Office Address:	150 S.E. 12TH STREET SUITE 201						
	FT. LAUDERDALE FL 33316						
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address: CHRISTINE HIGHSMITH						
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	111 SOUTH 21 AVENUE						
(MCST BE TECKIDA STREET ADDRESS)	HOLLYWOOD ,FL33020						
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 ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization						
Signature of a member or authorized representative of a member							
JUSTEN HOVEY	A T						
Printed or typed name of signee	SA & F						
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office was been notified in whiting of this change.						
Signature of Registered Agent							

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