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(Re	questor's Name)	
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SECRETARY OF STAT

C. LEWIS

APR 1 7 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporati	ions		
SUBJECT:		Mining LLC I Liability Company	
Dear Sir or Madam:			•
The enclosed Registered Age	ent/Registered Office C	Change and fee(s) are submitted	for filing.
Please return all corresponde	ence concerning this ma	atter to the following:	
Kristin Timber			<b>13</b> Sec Tall
Bromide Minia	LLC	<u>.                                    </u>	APR 16 P KETARY OF AHASSEE, F
2335 NW 1074 AVE	·	<del></del>	PH 4: 31 E STATE FLORIDA
Doval Florid	(a 33177 nd Zip Code		
15 he ffer @ ? E-mail address: (to be used for f	ochaet - Co	2 <u>~</u>	
For further information conce	erning this matter, plea	se call:	
Kristin Timber of Person	at (_	786 ) 477 - 6229 Area Code & Daytime Telephon	e Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amo	unt:	
🗳 \$25 Filing Fee		☐ \$55 Filing Fee & Certified	Сору

## 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.

side Mining LLC
2335 NW 107HH AVE SE: ZM44 Doral, FL 33177
2335 NW 107 AVE SX:2M4 V BOX # 130 Doral, FL 33172
L08000115628
4. Document number
the records of the Florida Dept. of State:
Yehuda Goldgraber
Yehoda Goldgraber  2335 NW 107 AVE Ste: ZM44  Doral, FL 33177
W Registered Office address:  Kristin Timberlake
2335 NW 1074H AVE Str: ZM4V Dorah ,FL 33172
aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an informative vote of se provided in the articles of organization or see provided in this capacity. If further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office

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