## L09000046010

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(=,,			
(Document Number)			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only



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B. KOHR

DEC - 7 2009

**EXAMINER** 

## COVER LETTER

Division of Corporations				
SUBJECT:		L 505, LLC		09
	Name of Limite	d Liability Comp	any	The state of the s
Dear Sir or Madam:				ò
The enclosed Registered Agent/Re	egistered Office	Change and fee(s	s) are submitted for fili	ng.
Please return all correspondence c	oncerning this n	natter to the follo	wing:	
DAVID BERC Name of Person				
DAVID BERCUS Firm/Company				
9130 S. DADELA Address	ND BLVD.			,
MIAMI, FL 3 City/State and Zip				
DBERCUSON@	AOL.COM	ion)		
For further information concerning	g this matter, plo	ease call:		
DAVID BERCUSON	at (	305	670-0018	
Name of Person  STREET/COURIER ADD: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		MAILING A Registration Division of C P.O. Box 632	Section Corporations	er
Enclosed is a check for the	he following am	ount:		
\$25 Filing Fee	\$25 Filing Fee & Certified Cop			

TO:

Registration Section

## 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:	TRL 505, LLC		
2. (a) Principal office address of limited liability company	919 FOURTH STREET		
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH, FL 33139		
(b) Mailing address of limited liability company:	8004 NW 154th Street, #349		
(Note: MAY BE POST OFFICE BOX)	MIAMI LAKES, FL 33016		
04/24/09	L0900040010		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	THEODORE R. LUCAS, LR.		
Registered Office Address:	919 FOURTH STREET MIAMI BEACH, FL 33139		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:		
NEW Registered Agent:	DAVID BERCUSON		
NEW Registered Office Address:	9130 S. DADELAND BLVD., #1800		
(MUST BE FLORIDA STREET ADDRESS)	MIAMI ,FL 33156		
If the limited liability company is not organized under the legislation confirmed that after the change or changes are made, the Fl 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	aws of the State of Florida, it is hereby lorida street address of the registered office lical. 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			
THEODORE R. LUCAS, JR.  Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and large amiliar with and accept the obligations of my policy of the product of the produc	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 has been notified in writing of this change:		
Signature of Registered Agent			
Division of Corporations, P.O. Box 63 FILING FEE: \$2	** **		