## 00004176

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Boodment Number)					
Certified Copies Certificates of Status					
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06/22/09--01049--807 \*\*25.00

M. THOMAS

JUN 2 3 2009

**EXAMINER** 

## **COVER LETTER**

Division o	of Corporations					
SUBJECT:	TAF	RO Nev	v Yorl	κ-Miam	ni LLC	
	<del></del>	f Limite	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del></del>	<del></del>
Dear Sir or Mada	m:					
The enclosed Reg	istered Agent/Registered	d Office	Change	and fee	(s) are submitted for	filing.
Please return all c	orrespondence concerni	ng this m	atter to	the follo	owing:	
	Roman Frenkel					
	Name of Person					
	Firm/Company			_		2009 JUN 22 AM III: 21 SECRETARY OF STATE TALLAHASSEE, FLORIT
						題皇二
1050	93RD STREET, SUITI	E #6H				ASS
	Address					man =
						FLOST!
Bay	Harbor Islands, FL 33	3154				器 21
	City/State and Zip Code					
	roman@tarollc.com					
E-mail address: (	roman@tarollc.com to be used for future annual repo	rt notification	on)	_		
For further inform	nation concerning this m	atter, ple	ase call	:		
<del></del>	man Frenkel	at (_			669-4430	
Nan	ne of Person			Area Code	& Daytime Telephone Nu	ımber
Registration Division of Clifton Bui 2661 Execu	Corporations		Reg Div P.O	gistration rision of O Box 632	Corporations	
Enclosed	is a check for the follov	ving amo	ount:			
<b>✓</b> \$25 Fili	ing Fee		\$5	5 Filing	Fee & Certified Co	ру

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:	TARO New York-Miami LLC
2. (a) Principal office address of limited liability comp	pany:
(Note: MUST BE STREET ADDRESS)	1050 93RD STREET, SUITE #6H Bay Harbor Islands, FL 33154
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1050 93RD STREET, SUITE #6H Bay Harbor Islands, FL 33154
July 1, 2009	L09000041769
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:	Roman M Frenkel
Registered Office Address:  address  moved	9201 Collins Avenue Suite #425 Surfside, FL 33154
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address 24
NEW Registered Agent:	Roman M Frenkel
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1050 93RD STREET, SUITE #6H Bay Harbor Islands ,FL33154
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited uses) was were authorized by an affirmative vote
Signature of a member or authorized representative of a member	<del></del>
Roman Frenkel Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany 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