

LOG 000067298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

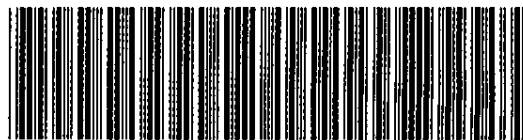
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800215439498

12/29/11--01010--002 **25.00

FILED
2011 DEC 29 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLOS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN GROSSMAN
Name of Person

Firm/Company

1016 NE 113 ST
Address

BISCAYNE PARK, FLA. 33161
City/State and Zip Code

SGMIAMI@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN GROSSMAN at (786) 252 5481
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2011 DEC 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

1. Name of the limited liability company: ALLOS LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

1016 NE 113 ST
BISCAYNE PARK, FLA 33161

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

1016 NE 113 ST
BISCAYNE PARK FLA. 33161

7/10/2009
3. Date of filing/registration in Florida

L09000067298
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

RYAN, JOSEPH B III

Registered Office Address:

2701 S. BAYSHORE DR
SUITE 402
MIAMI FLA 33133

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

STEVEN GROSSMAN

NEW Registered Office Address:

1016 NE 113 ST

(MUST BE FLORIDA STREET ADDRESS)

BISCAYNE PARK FL 33161

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

x [Signature]
Signature of a member or authorized representative of a member

MORINI BRUNO
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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