#L0900078901

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

Office Use Only



500213159785

10/11/11--01004--012 **25.00

11 00T 11 PN 4: 00

K. SALY EXAMINER

OCT 13 2011

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJECT: D.R.I. ENFORCEMENT L.L.C.								
	Name of	Limited	d Liability Company					
Dear S	Sir or Madam:		*					
The en	closed Registered Agent/Registered	Office Cl	Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning	this ma	atter to the following:					
Dennis Ramnarine								
	Name of Person							
D.R.I. ENFORCEMENT L.L.C.								
	Firm/Company							
	4531 SW 39TH STREET							
Address								
MECT DADIZ EL 22022								
	WEST PARK FL, 33023 City/State and Zip Code							
	Only/Out of the 21p Code							
	drianfaraamant@amail.aar							
drienforcement@gmail.com E-mail address: (to be used for future annual report notification)								
For fu	rther information concerning this mat	ter, pleas	ase call:					
	Dennis Ramnarine	at (954) 243-8408					
	Name of Person		Area Code & Daytime Telephone Number					
	empericalible appress.		MAILING ADDRESS.					
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 following amount:								
\$25 Filing Fee			\$55 Filing Fee & Certified Copy					

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:	Name of the limited liability company: D.R.I. ENFORCEMENT L.L.C.				
2. (a) Principal office address of limited liability con	npany: _	429 south state rd 7			
(Note: MUST BE STREET ADDRESS)	hollywo	od fl. 33024			
(b) Mailing address of limited liability company:	<u> </u>	same			
(Note: MAY BE POST OFFICE BOX)					
08/14/2009		L09000078901			
3. Date of filing/registration in Florida	4. Docur	nent number			
5. (a) Registered Agent and Registered Office show	n on the record	ls of the Florida	Dept. of State:		
Registered Agent:	<u> 271506</u>	167	7350 C		
Registered Office Address:	. 429 sou	ith state rd 7.	一門。		
	hollywo	od fl, 33024	The same of the sa		
Carlot for the first the second			- 1. m (
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registe	W Registered Office address:			
NEW Designand Office Address.	4521 ou	v 20th street			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		v 39th street			
MOST BELLEVILLE TRADITION		ırk	,FL33023		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida stre identical. Or, i ige(s) was/were	eet address of the in the case of a I e authorized by	e registered office Florida limited an affirmative vote		
Dennis Ramnarine					
Printed or typed name of signee					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this, document is being filed to address, thereby confirm that the limited liability con	and agree to ac he proper and c ny position as r o merely reflec npany has been	et in this capacit complete perfort registered agent ct a change in th i notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.		
Signature of Registered Agent	,				

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

4