

**L09000085444**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PADRO AND COMPANY, P.A.  
Account Number : I20050000094  
Phone : (305) 500-9361  
Fax Number : (305) 500-9492**L. SELLERS**

MAR - 8 2011

**EXAMINER**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: raguel @ padro cpa. comRECEIVED  
11 MAR - 7 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**LLC REGISTERED AGENT CHANGE  
ELETTRA PACKAGING, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

H 110000 600893

**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: Eletra Packaging, LLC

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

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

20861 Johnson ST Suite 102  
Pembroke Pines, FL 33029

(b) Mailing address of limited liability company: \_\_\_\_\_

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

same as above

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: Monahan, Roark R

Registered Office Address: 2519 Galiano Street, suite 703  
Coral Gables, FL 33134

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

**NEW** Registered Agent: Jose F. Padro CPA

**NEW** Registered Office Address: 2520 NW 97 Ave Suite 120  
(**MUST BE FLORIDA STREET ADDRESS**) Miami, FL 33172

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.

Signature of a member or authorized representative of a member

Mary Lou Casale

Printed or typed name of signer

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 of Registered Agent

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

INHS18 (05/08)

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JAN 7 PM 3:55  
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