

LO90000 95855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

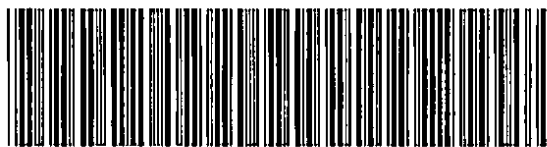
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOP QUEST ENTERPRISE, 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:

Sandra Dadaile  
Name of Person

TOP QUEST ENTERPRISE, LLC  
Firm/Company

3850 SOUTH UNIVERSITY DRIVE #291533  
Address

DAVIE, FL 33329  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: TOP QUEST ENTERPRISE, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3850 SOUTH UNIVERSITY DRIVE #291533  
DAVIE, FL 33329
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
3850 SOUTH UNIVERSITY DRIVE #291533  
DAVIE, FL 33329
3. 10-5-2009 Date of filing/registration in Florida
4. L090000095855 Document number
5. (a) CABANAS, SERGIO ESQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
18503 PINES BLVD STE 301  
Pembroke Pines FL 33029
- (b) SANDRA DADAILLE  
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Office Address:  
3850 SOUTH UNIVERSITY DRIVE #291533  
DAVIE FL 33329

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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]  
Signature of a member or authorized representative of a member

Sandra Dadaille

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 605, 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