10900000246

(Requestor's	Name)			
(Address)	· · · · · · · · · · · · · · · · · · ·			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP W	AIT MAIL			
(Business En	tity Name)			
(Document Number)				
Certified Copies Cer	tificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY 1 0 2012

EXAMINER



100234645701

05/07/12--01045--024 **25.00



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:	All Star Imports, LL	<u>C</u>
2. (a) Principal office address of limited liability company	7240 NW	12th Street
(Note: MUST BE STREET ADDRESS)	Miami, FL 33126	
(b) Mailing address of limited liability company:	same	
(Note: MAY BE POST OFFICE BOX)		
October 16, 2009	L09000100246	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida D	ept. of State:
Registered Agent:	Arthur Vlasaty	7 c
Registered Office Address:	7240 NW 12th Street Miami, FL 33126	
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office addre	<u>ss:</u>
NEW Registered Agent:		24 24
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12955 SW 42nd Street	- Unit 6
MOST DE LEGRIDA STREET ADDRESS)	Miami ,FL 33175	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	aws of the State of Florida, orida street address of the recal. Or, in the case of a Flowas/were authorized by an wise provided in the articles.	it is hereby egistered office orida limited affirmative vote s of organization
Signature of a member or authorized representative of a member		
Arthur Vlasaty	_	
Printed or typed name of signee		7.0 .1
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the i has been notified in writing	I further agree to nee of my duties, provided for in registered office g of this change.

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

Signature of Registered Agent

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT:	All Star Imports, LLC		- ,
	Name	of Limited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Register	red Office Change and fee(s) are submitted	for filing.	
Please	e return all correspondence concern	ning this matter to the following:		
	Arthur Vlasaty			
	Name of Person			
	All Star Imports, LLC	D		
	Firm/Company		y e ~y	
	12955 SW 42nd Street, I	Unit 6	12 MAY	
	Address		Y - 7	ed marke
	Miami, FL 33175			Series Contraction of the Contra
	City/State and Zip Code		1:24 	ğ.,,114.
	avlasaty@allstarimports	s.net	715E"	
Е	-mail address: (to be used for future annual rep	port notification)		
For fu	rther information concerning this r	natter, please call:		
AR	Thun VLASATY Name of Person	at (914) 804 7171 Area Code & Daytime Telephone	e Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	,		
	Enclosed is a check for the follo	owing amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified	Copy	