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(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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T. HAMPTON NOV 2 3 2010

EXAMINED

## **COVER LETTER**

Division of Corporations	
SUBJECT:	MAK MARKETING LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
PREDRAG KOV Name of Person	·
Firm/Company	
2509 NE 35TH	DRIVE
Address	
FORT LAUDERDAL City/State and Zip C	<del></del>
turkeys.kovacevic@ E-mail address: (to be used for future ar	gmail.com Inual report notification)
For further information concerning	g this matter, please call:
Predrag Kovacevic	at ( <u>954</u> ) <u>8064110</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

## 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:	MAK MARKETING LLC.	
2. (a) Principal office address of limited liability comp	any:	
(Note: MUST BE STREET ADDRESS)	2509 NE 35TH DRIVE FORT LAUDERADLE, FL 33308	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	2509 NE 35TH DRIVE FORT LAUDERDALE, FL 33308	
12/16/2009	L09000120220	
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:	PREDRAG KOVACEVIC	
Registered Office Address:	2509 NE 35TH DRIVE FORT LAUDERDALE, FL 33308	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  DEJAN STOJIC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1075 NE 39th Street Fort Lauderdale	
(MUST BE TEORIDA STREET ADDRESS)	,FL33334	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	FILEB F CORPORA	
Printed or typed name of signee	——————————————————————————————————————	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F/S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	
Signature of Registered Agent  Division of Corporations, P.O. Box	6327 Tallahassee FL 32314	
Division of Corporations, 1 .O. DUX	voli, lananassuu, PLI Jajim	

**FILING FEE: \$25.00**