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B. BOSTICK
AUG 3 1 2011;
EXAMINER

COVER LETTER

_	stration Section sion of Corporations	
	·	
SUBJECT: IRA FINANCIAL GROUP LLC		
	Name of	Limited Liability Company
Dear Sir or M	Madam:	
The enclosed	d Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to the following:
	ADAM BERGMAN	
······································	Name of Person	
	IRA FINANCIAL GROUP LL	LC
	Firm/Company	i Parto
	235 LINCOLN ROAD, STE 2 Address	207 0F 31A1 0F 51A1 9
	MIAMI BEACH, FL 33139 City/State and Zip Code	9 E. FLO
	, , , , , , , , , , , , , , , , , , , ,	
ADA E-mail add	MB@IRAFINANCIALGROUP ress: (to be used for future annual report r	IP.COM notification)
For further in	formation concerning this matt	ter, please call:
	ADAM BERGMAN	at (305)538-9292
	Name of Person	Area Code & Daytime Telephone Number
Regist Divisi Cliftor 2661 F	ration Section on of Corporations n Building Executive Center Circle assee, 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	5 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.

Name of the limited liability company:	IRA FINANCIAL GROUP LLC
2. (a) Principal office address of limited liability comp	eany: 235 LINCOLN ROAD, STE 207
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH, FL 33140
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	10000003904
1 11 2010 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: Registered Office Address: 650 WESTA SUITE 810	ADAM BERGMAN IRA FINANCIAL GROUP LLC VE, MIAMI BEACH, FL 33139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NEW Registered Office address: ADAM BERGMAN IRA FINANCIAL GROUP LL 235 LINCOLN ROAD STE 207 MIAMI BEACH ,FL33139
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 ot or the operating agreement of the limited liability company.	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.
Signature of a member or authorized representative of a member-	
ADAM BERGMAN 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 performing 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.

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

Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2011

ADAM BERGMAN IRA FINANCIAL GROUP LLC 235 LINCOLN ROAD, SUITE 207 MIAMI BEACH, FL 33139

SUBJECT: IRA FINANCIAL GROUP, LLC

Ref. Number: L10000003904

We have received your document for IRA FINANCIAL GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Letter Number: 911A00019597

Barbara Bostick Regulatory Specialist II

www.sunbiz.org