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J. BRYAN

MAY 17 2010

EXAMINER

COVER LETTER

Division of Corporations Original Cheekee Huts, LLC **SUBJECT:** _ 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: Martine Roc Name of Person Original Cheekee Huts, LLC Firm/Company 6605 SW 41 Place Address Davie, FL 33314 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 (954) <u>449 - 3653</u> Area Code & Daytime Telephone Number Martine Roc Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the 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:	Original	Cheekee Huts,	LLC	
2. (a) Principal office address of limited liability company:		C/O Martine Roc		
(Note: MUST BE STREET ADDRESS)	ESTREET ADDRESS) 6605 S Davie,		W 41 Place FL 33314	
(b) Mailing address of limited liability company:		C/O Martine Roc	多	
(Note: MAY BE POST OFFICE BOX)		SW 41 Place		
4/20/2010		L100000424	193 703	
3. Date of filing/registration in Florida	4. Doci	ument number	27.0	
5. (a) Registered Agent and Registered Office shown	on the reco	rds of the Florida De	ept. of State:	
Registered Agent:	Jorge	Jorge J Pereira Peralta		
Registered Office Address:	2300 Madison st. Unit 201 Hollywood, FL 33020			
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:	Martine Roc 6605 SW 41 Place			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	<u>6605</u> S	3605 SW 41 Place		
Most by Bonder Strate Tibertage,	Davie		,FL <u>33314</u>	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in 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 or as of the operating agreement of the limited liability company or a member of a member of the limited liability company or a member of the limited liability company or a member of the limited liability company or a member or authorized representative of a member of typed name of signee	te Florida st dentical. Or ge(s) was/we therwise pro- pany.	reet address of the rer, in the case of a Floere authorized by an ovided in the articles	egistered office rida limited affirmative vote of organization	
I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 60k, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability comp	nd agree to e proper and y position a merely refl pany has be	act in this capacity. I complete performa 5 registered agent as ect a change in the r en notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	