

(Requestor's Name)		
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PICK-UP	WAIT MAIL	
(Business	Entity Name)	
•		
(Document Number)		
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08/27/12--01035--007 **25.00

D. BRUCE

AUG 28 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
Sebreci: Class September 1	Josth Florida, LLC Liability Company		_
Dear Sir or Madam:	·.		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for fi	iling.	
Please return all correspondence concerning this ma	tter to the following:	•	
Robinson Tayarez			
Name of Person			
Star Service of South Florida	, <u>uc</u>	,	
	;	SEC	12/
2874 Sown Park Rd.		AHA	AUG 2
2 Marcos		RY (SSEE	27 F
Pambroke Park, FL 33009			PH 3:
City/State and Zip Code		AIC	25
E-mail address: (to be used for future annual report notification	om\	·r	
For further information concerning this matter, please	se call:		
Radinson Tavarez at (9	54 <u>(42-8277</u> Area Code & Daytime Telephone Num	 iber	<u>-</u>
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	ant:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	r to change its registered office or registered		
1. Name of the limited liability company: Star Se	ruce of South Florida, LC		
2. (a) Principal office address of limited liability company	: 2876 Sown Park Rd.		
(Note: MUST BE STREET ADDRESS)	Pembrone Park, FC 33009		
(b) Mailing address of limited liability company:	2876 South Park Rd.		
(Note: MAY BE POST OF FICE BOX)	Pembroke Park, FL 33009		
3. Date of filing/registration in Florida	L 120000 90207 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Robinson Tavarezz =		
Registered Office Address:	4961 N.W. 179 STREETS 23		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	A N		
NEW Registered Agent:	Jesus Leandro Haravez		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MIANGE TE 33015		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
Signature of a member or authorized representative of a member	_		
Robin Jun Tavarez Printed or typed name of signee	· -		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing the familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to poper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office what been notified in writing of this change.		
Signature of Registered Agent	·		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (05/08)