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11/10/05--01026--002 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Blivas/Kraly Investments L.	C. Corporation)			
DOCUMENT NUMBER: L98000002118				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ira B. Price, Esquire (Name of Co	ontact Person)			
Law Offices of Ira B. Price	ompany)			
9560 S.W. 107th Avenue,	Suite 202			
Miami, Florida 33176				
	and Zip Code)			
For further information concerning this matter, please	call:			
Ira B. Price, Esquire	at (305) 670-3030 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departure of the Departure	•			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301



Secretary of State

November 17, 2005

IRA PRICE 9560 S.W. 107TH AVENUE, SUITE 202 MIAMI, FL 33176

SUBJECT: BLIVAS/KRALY INVESTMENTS L.C.

Ref. Number: L98000002118

We have received your document for BLIVAS/KRALY INVESTMENTS L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name of the registered agent must be listed.

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) 245-6020.

Letter Number: 005A00068101

Tammi Cline Document Specialist



February 21, 2006

IRA PRICE 9560 S.W. 107TH AVENUE, SUITE 202 MIAMI, FL 33176

SUBJECT: BLIVAS/KRALY INVESTMENTS L.C.

Ref. Number: L98000002118

We have received your document for BLIVAS/KRALY INVESTMENTS L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 906A00012386



January 17, 2006

IRA PRICE 9560 S.W.107TH AVENUE, SUITE 202 MIAMI, FL 33176

SUBJECT: BLIVAS/KRALY INVESTMENTS L.C.

Ref. Number: L98000002118

We have received your document for BLIVAS/KRALY INVESTMENTS L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 406A00003114

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blivas/Kraly Investments L. (Name of Limited	ed 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 m	natter to the following:	
Ira B. Price, Esquire		
(Name of Person)		
Law Offices of Ira B. Price, P.A.		
(Firm/Company)		
9560 S.W. 107th Avenue, Suite 202		
(Address)		
Miami Elarida 22176		
Miami, Florida 33176 (City/State and Zip Code)		
For further information concerning this matter, plea	ease call:	
Ira B. Price, Esquire at (3	305) 670-3030	
(Name of Person)	(Area Code & Daytime Telephone Number)	
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 amo	ount:	
\$25 Filing Fee	S55 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.

agent, or both, in the State o	of Florida.	3 0	3 7 · · · 3 · ·
1. The name of the limited l	liability company is:	Blivas/Kraly Investments L.C.	
2. The mailing address of th	ne limited liability con	mpany is : 9560 S.W. 107th	Avenue, Suite 202
Miami, Florida 33176			
10/05/1998		L98000002118	•
3. Date of filing/registration in Florida 4. Document num		ıber	
5. The name of the registered Florida Department of Sta		ered office address as shown o	on the records of the
<u>!r</u>	a B. Price, Esqu	iire	
_		Name	
9		Blvd., PH 1, Ste 1701	
R.A		Address	
<u>IV</u>	liami, Florida 331	State and Zip	-0 - ··
6. The name and address of t	•	•	
ira	a B. Price, Esqui	re	
		ame	
F	Florida street address	(P.O. Box NOT acceptable)	
M	iami,	FL 33176	
	City, St	ate and Zip	
confirmed that after the chan and the business office of the liability company, it is hereb	age or changes are made registered agent will be confirmed that the ded liability company of the limited liability		of the registered office of a Florida limited I by an affirmative vote
(Printed or typed name of signee)	2003		
I hereby accept the appointn comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, Kthis address, I hereby confirm the	nent as registered ag f all statutes relative ccept the obligations document is being fi at the limited liability	ent and agree to act in this cat to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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

(Signature of Registered Agent)