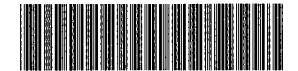
## L99000003292

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

C. LEWIS
FEB 2 9 2012
EXAMINER

## COVER LETTER

Division of Corporations	
SUBJECT:	TUY, LLC
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Benigno Bouzas Name of Person	·
Name of Person	
Firm/Company	
128 Irving Avenue Address	
Deer Park, NY 11279 City/State and Zip Code	<u>)                                    </u>
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this m	atter, please call:
Benigno Bouzas	at ( 631 ) 338-6573
Name of Person	Area Code & Daytime Telephone Number
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ving 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.

Name of the limited liability company:	TUY, LLC
2. (a) Principal office address of limited liability company	: 12 High Meadow Road North
(Note: MUST BE STREET ADDRESS)	Saddle River, NJ 07458 S
(b) Mailing address of limited liability company:	P.O. Box 805
(Note: MAY BE POST OFFICE BOX)	Saddle River, NJ 07458
6/8/1999  3. Date of filing/registration in Florida	L9900003292 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Manuel Ramirez
Registered Office Address:	106 West Bay Drive Cocoa Beach, FL 32931
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	<del></del>
NEW Registered Agent:	Benigno Bouzas #
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	35 WEST, PINE ST, 2 ORLHANDO FL FL 32801
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	-
Benigno Bouzas Printed or typed name of signee	<del>-</del> .
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proam of an familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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