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(Re	questor's Name)	······································
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

06/08/05--01052--011 **400.00

HA 8-NUL

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. The name of the limite	ed liability company is:	Seaguil	Garage, LLC		
2. The mailing address o				een, 700 Pacific	
Street, Brooklyn, NY 1			-	· · · · · · · · · · · · · · · · · · ·	
08/05/1999			L99000004825	T _ ·	
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registe Florida Department of	State:			n the records of the	;
	Registered Agents		, LLC		
	100 Southeast Sec	Name ond Stree	t, Suite 2900	70	05
		Address		E E E E E E E E E E E E E E E E E E E	
	Miami, Florida 33131 City, State and Zip			8-NOF	
6. The name and address	of the new registered ag	gent and/or	office:	T CE	7
. 	Andrew B. Hellinger, Esq.			94:1	
	Name 200 So. Biscayne Blvd., Suite 3000				20
	Florida street address	(P.O. Box	NOT acceptable)		
	Miami	FL	33131		
	City, Š	tate and Z	ip	**	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited of a member of authors.	hange or changes are manually the registered agent with reby confirmed that the ed liability company or a fifth of the limited liability confirmed that the limited liability confirmed liability liability confirmed liability liability confirmed liability li	ade, the Fl ll be ident: change(s) as otherwis ompany.	orida street address o	of the registered off	
Andrew B. Hellinger, A	_ <u></u>	ative	<u>.</u> .		
(Printed or typed name of signee)				•	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as is of all statutes relative of all statutes relative of accept the obligation this document is being for the limited liability.		gree to act in this cap oper and complete pe sition as registered a rely reflect a change has been notified in	pacity. I further ag rformance of my d gent as provided fo in the registered of writing of this cha	ree to uties, or in lfice nge.
(Signature of Registered Agent) Division	on of Corporations, P.C			32314	

FILING FEE: \$25.00

INHS18(10/99)