

ME2000000896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

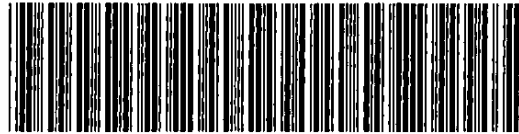
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/31/07--01050--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 31 PM 2:41

T. Hampton JAN -2 2008



NRAI SERVICES, LLC  
160 GREENTREE DRIVE, SUITE 101  
DOVER, DELAWARE 19904  
PH #800-490-6724  
FAX #800-901-6724

**DOCUMENT FILING NOTIFICATION**

To: FLORIDA DIVISION OF CORPORATIONS

From: NRAI SERVICES LLC

Date: December 14, 2007

Ref. No.: 195198

Name: NEW SMYRNA ACD, LLC

Please file the attached

	Articles of Incorporation		Merger Document(s)		
	Application for Qualification	X	Change of Agent		
	Good Standing Attached		Dissolution/Withdrawal		
	Good Standing to Follow		UCC-1 Filing		
	Amendment		UCC-3 Filing		
X	Check Enclosed	Check Number	6233	Amount	\$25.00
	Other:				

Type of Service:

	Rush	X	Routine		
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Return Original Evidence to:

Special Instructions:

	RETURN DATE STAMPED COPY TO PATTI GATTO NATIONAL REGISTERED AGENTS 160 GREENTREE DRIVE SUITE 101 DOVER DE 19904
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Send Via:

	Fax: _____		FedEx No. _____	X	Regular Mail
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**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 limited liability company is: NEW SMYRNA ACD, LLC
2. The mailing address of the limited liability company is : ATT: LYNETTE HAMDI, 326 THIRD STREET,  
LAKEWOOD NJ 08701

- 4/8/2002 M02000000896  
3. Date of filing/registration in Florida 4. Document number

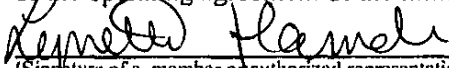
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

REGISTERED AGENTS LEGAL SERVICES, INC.  
Name  
155 OFFICE PLAZA DR., SUITE A  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

6. The name and address of the new registered agent and/or office:

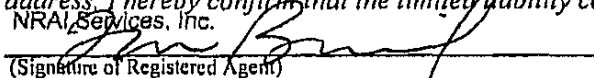
NRAI Services, Inc.  
Name  
2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box NOT acceptable)  
Weston FL 33331  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

LYNETTE HAMDI  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)  
TINA BONOVIK, VP

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

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DIVISION OF CORPORATIONS  
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