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SECRETARY OF STATE

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D. BRUCE

JUN 2 2 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Consolidated Capital Funding LLC  Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted	for filing.	
Please return all correspondence concerning this m	atter to the following:		
Louis D. Zarets	sky, Esa		
TZiHer, Zaretsky + L	ieber LLP		
555 NE 15th St. Suite 100			
Miami, FL 33132  City/State and Zip Code  SSE OF SECOND			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, ple	ase call:		
Raymond House tines lut at (	631) 92( 9233 Area Code & Daytime Telephon	e 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:		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

O 4 40-	Ida lad Capidal Full 116
1. Name of the limited liability company:	* * * * * * * * * * * * * * * * * * * *
2. (a) Principal office address of limited liability company:	888 vets. Mem. Hwy.
(Note: MUST BE STREET ADDRESS)	Ste. 430
	Hauppouge, NY 11788
(b) Mailing address of limited liability company:	$\sim$ $\sim$ $\sim$ $\sim$
(Note: MAY BE POST OFFICE BOX)	SAME
10/17/03	ABOUTE
3. Date of filing/registration in Florida 4	D
<ul><li>5. (a) Registered Agent and Registered Office shown on the</li></ul>	ne records of the Florida Dept. of State:
Registered Agent:	10012
Registered Office Address:	None
	/ D = 1
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
NEW Registered Agent:	Louis D. Zaretsky ESQ
NEW Registered Office Address:	555 NE 15th St Suite 100
(MUST BE FLORIDA STREET ADDRESS)	Miam: ,FL 33132
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identifiability 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.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Printed or typed name of signee	) 747E : 10,7
I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my auties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signatury of Degistered Agent	
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

**FILING FEE: \$25.00**