## M04000003796

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Macrovest Seminole Venture (Name of Lie	es, LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Eric Dorsky, Esq. (Name of Person)	<del></del> ~
(Name of Person)	
Eric Dorsky, P.A.  (Firm/Company)	
(Firm/Company)	•
7320 Griffin Road, Suite 220	
(Address)	
Davie, FL 33314	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Eric Dorsky	at (954 ) 587-1120
(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	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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 l	imited liability company	is: Macrovest Seminole Ventures, LLC	
2. The mailing addre	ess of the limited liability	y company is: 5729 Seminole Way,	Ft. Lauderdale, FL 33314
09/14/2004		M0400003796	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the re Florida Departmen		egistered office address as shown or	n the records of the
-	Vargas, Piedra 8	k Co	<del></del>
	9100 South Dade	Name and Bivd., Suite 912	
	Miami, FL 33156	Address	
	C	ity, State and Zip	OS TA
6. The name and address of the new registered agent and/or office:			FIL 06 NOV -6 SECRETARY TALLAHASS
	Eric Dorsky, P.A.		ASSA -6
	Name 7320 Griffin Road, Suite 220		PA ED
	Florida street add	ress (P.O. Box NOT acceptable)	PM 12: 4.9 PM 12: 4.9 EE, FLORID
	Davie,	FL 33314	<u> </u>
	Cit	y, State and Zip	
confirmed that after the and the business office liability company, it of the members of the or the operating agree	he change or changes are confirmed that is hereby confirmed that is limited liability comparement of the limited liab	ted under the laws of the State of Fle made, the Florida street address of twill be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the ility company.	of the registered office
(Signature of a member or a	authorized representative of a mo	ember)	
Printed or typed name of s.	Nargiso ignee)		***
I hereby accept the a comply with the prov and I am familiar wit Chapter 608, F.S. Or address, I hereby con	appointment as registere isions of all statutes rela in and accept the obligat r, if this document is bei firm that the limited liab	d agent and agree to act in this cap tive to the proper and complete per ions of my position as registered as ng filed to merely reflect a change will willty company has been notified in	pacity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Ag	ent)	*	
Di	vision of Cornorations	PA Roy 6327 Tallahassas FI.	39314