

MO5 000000062

2005 NOV 10 P 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

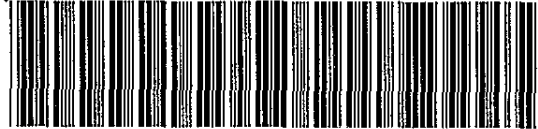
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED

2005 NOV 10 P 4: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 10, 2005

JOEL WACHS
2401 PGA BLVD. SUITE 146
PALM BEACH GARDENS, FL 33410

SUBJECT: PREDATOR CAPITAL MANAGEMENT LLC
Ref. Number: M05000000062

We have received your document for PREDATOR CAPITAL MANAGEMENT LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 105A00061507

PREDATOR CAPITAL MANAGEMENT, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2005

Ms. Agnes Lunt
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR PREDATOR
CAPITAL MANAGEMENT LLC

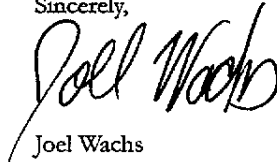
Dear Ms. Agnes:

As you requested, I have filled out the correct form for the change in my firm's registered office and registered agent.

I have also included a copy of the canceled check that I sent as part of our original filing. Will these funds be applied to this filing?

Thank you for your assistance.

Sincerely,



Joel Wachs
Member

Attachments

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Predator Capital Management LLC
(Name of Corporation)

DOCUMENT NUMBER: M05000000062

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Wachs

(Name of Contact Person)

Predator Capital Management LLC

(Firm/Company)

2401 PGA Blvd., Suite 146

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Wachs

(Name of Contact Person)

at (561) 514-6926

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Predator Capital Management.
2. The mailing address of the limited liability company is: 2401 PGA Blvd., Suite 146,
Palm Beach Gardens, FL 33410
3. Date of filing/registration in Florida March 19, 2003
4. Document number 3594327

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

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Anuj Agarwal
Name
2401 PGA Blvd., Suite 146
Florida street address (P.O. Box NOT acceptable)
Palm Beach Gardens, FL 33410
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.

Joel Wachs, Member
(Signature of a member or authorized representative of a member)

Joel Wachs
(Printed or typed name of signer)

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]
(Signature of Registered Agent)

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