M05000001909

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LS Miami-Dade County (Name of I	/, LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Anna Dragolich (Name of Person)	<u> </u>
Brennan, Manna & Diamond, LL (Firm/Company)	<u>.C</u>
75 East Market Street	
(Address)	
Akron, Ohio 44308	
(City/State and Zip Code)	
For further information concerning this mate	ter, please call:
Anna Dragolich	at (330) 253-5060, Ext. 151
(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	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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: LS Miami-I	Dade County, LLC				
2. The mailing address o	f the limited liability	company is:_					
159 S. Main Street, Su	ite 600, Akron, Ohi	io 44308					
4/8/2005			M05000001909	•			
3. Date of filing/registrat	ion in Florida		4. Document num	ber			
5. The name of the regista Florida Department of				n the rec	ords of	the	
	DIVID : TOTIQUE	Name	·				
	76 S. Laura Str		00		SE SE	05	
	Jacksonville, FL	Address			<u> </u>	30	
	Ci	ty, State and Zi	p		H.	C 2	<u> </u>
6. The name and address	of the new registered	d agent and/or o	office:		NT U	27 AM 11: 48	LED
	BMD Florida Se	ervice, LLC		: =	FLO	=======================================	
		Name			골	£	
	76 S. Laura Stre	 			> ' '		
	Florida street add	ress (P.O. Box l	NOT acceptable)				
	Jacksonville	FL 3220)2				
	City	y, State and Zip					
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are the registered agent reby confirmed that nited liability compa at of the limited liab	e made, the Float will be identice the change(s) want or as otherwalty company.	vs of the State of Frida street address of al. Or, in the case of as/were authorized rise provided in the	of the reg of a Flori i by an a articles	gistered ida limit ffirmati of organ	office ted ve vo nization	te on
: (Joseph K.	Weber	(-			
(Pfinted or typed name of signee)		-					
I hereby accept the apportant the apportant comply with the provision and I am familiar with an Chapter 608, F.S. Or, if I address, I hereby confirm	intment as registered in the state of all statutes rela discount the obligations of the state of the limited liab	d agent and agr tive to the prop ions of my posit ng filed to mere ility company h	ee to act in this caper and complete pe ion as registered a ly reflect a change as been notified in	pacity. I rformand gent as p in the re writing	further ce of my provided gistered of this c	agree dutie for i offic hang	e to es, n e e e.
(Signature of Registered Agent)	***						

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