

MD10000000495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

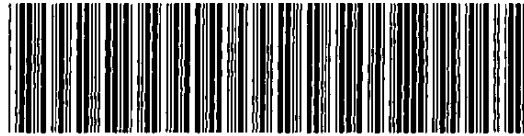
Special Instructions to Filing Officer:

L. SELLERS

FEB - 6 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB - 4 PM 1:15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Port Center IV, LLC
(Name of 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:

Drago Tomasic
(Name of Person)

East Port Center IV, LLC
(Firm/Company)

1218 Heather Ln.
(Address)

Glenview IL 60025
(City/State and Zip Code)

For further information concerning this matter, please call:

Drago Tomasic at (847) 486-0866
(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

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.

- FILED
FEB -4, PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA