## M11000000711

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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T. CLINE

APR 28 2011

**EXAMINER** 

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT:	G&G Shipping, LLC
——————————————————————————————————————	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Peter F. Souza	
Name of Person	
NRAI Corporate Services Firm/Company	s, LLC
10100 West Sample Road S	Suite 101
Coral Springs, FL 330 City/State and Zip Code	)65
irouleau@ckor.com E-mail address: (to be used for future annual re	port notification)
For further information concerning this	matter, please call:
Peter F. Souza	at (877 ) 261-6823 x1759 Area Code & Daytime Telephone Number 7
Name of Person	>=! 20
STREET/COURIER ADDRESS:	
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	owing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

## 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. Name of the limited liability company:	G&G Shipping, LLC		•
2. (a) Principal office address of limited liability company	: 1300 Eller	Drive	_
(Note: MUST BE STREET ADDRESS)	Ft. Lauderdale, FL 33316		-
(b) Mailing address of limited liability company:	PO Box 13038		<u>.</u>
(Note: MAY BE POST OFFICE BOX)	Ft. Lauderdale, FL 33316		- -
02/11/2011	M1100000071	1	-
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept	t. of State:	
Registered Agent:	C T Corporation System		_
Registered Office Address:	1200 South Pine Island Ro	oad	
	Plantation, FL 33324	<b>7</b>	-
		#: E	-
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address	APR 2	-
NEW Registered Agent:	NRAI Services, Inc.	25 ARY O SSEE	- <del> </del>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue	Erst S	- C
MUST BE FLORIDA STREET ADDRESS	Tallahassee	\$ 323 <b>03</b>	-
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member of althorized representative of a member  Tony Smith, Member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the product of the provisions of the complex of the obligations of my portion of the company of the provisions of the limited liability company address, I hereby confirm that the limited liability company	lorida street address of the regical. Or, in the case of a Florid was/were authorized by an affective provided in the articles of the articles	istered office da limited firmative vote f organization	)
Signature of Registered Agent Peter F. Souza, Assistant S		y mis change.	

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