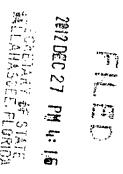
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Office Use Only



December 5, 2012

LAUREN ROSALIA JONES, LITTLE, & CO., CPA'S LLP 86 W. MAIN ST. STE 2 EAST ISLIP, NY 11730

SUBJECT: 1790 NW 94TH AVENUE LLC

Ref. Number: M12000004123

We have received your document for 1790 NW 94TH AVENUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE FORM YOU HAVE SUBMITTED IS TO CHANGE THE REGISTERED AGENT AND THE REGISTERED AGENTS ADDRESS. OUR RECORDS REFLECT DOUG PEARSALL AS THE REGISTERED AGENT.

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

Agnes Lunt Regulatory Specialist II

Letter Number: 912A00028879



Thomas Jones, CPA Roy Little, CPA Kathleen Galway, CPA

www.jonesandlittle.com

December 13, 2012

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 Attn: Agnes Lunt

> RE: 1790 NW 94th Avenue, LLC Ref #: M12000004123

Dear Ms. Lunt,

Please be advised that the form we submitted in question was only to change the address of the registered agent. The name of the registered agent is Doug Pearsall and should remain unchanged. The initial filing of this information listed the address incorrectly. The correct name and address of the registered agent is:

Doug Pearsall 1790 NW 94th Ave. Doral, FL 33172

If you have any questions please don't hesitate to call.

Very Truly Yours,

Jones, Little, & Co.,

Certified Public Accountants, LLP

For the Firth.

Thomas Jones, CPA

COVER LETTER

Division of Corporations	
SUBJECT: 1790 NW 94th Avenue L Name of Limited Liabili	
Name of Limited Etablif	ty Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	and fee(s) are submitted for filing. The che following:
Lauren Rosalia	- Pr
Jones, Little, & Co., CPA's, LLP	- · · · · · · · · · · · · · · · · · · ·
86 W Main St, Ste. 2	_
East Islip, NY 11730 City/State and Zip Code	
Irosalia@jonesandlittle.com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Lauren Rosalia at (631	277-8500
Name of Person	Area Code & Daytime Telephone Number
Registration SectionRegistration SectionDivision of CorporationsDivision Of CorporationsClifton BuildingP.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
Enclosed is a check for the following amount:	

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.	Nai	me of the limited liability company: 1790 NW 94th Avenue L	rc			
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1790 NW 94th Avenue Doral, FL 33172			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	176 New Hwy N Amityville, NY 11701 c/o Albert Kemperle, Inc.			
7/2	0/12		M12000004123			
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida D	ept of	State:	
		Registered Agent:	Doug Pearsall		دنم	
		Registered Office Address:	1790 NW 94th Ave Miami, FL 33136	HAS	2 330	
				- T-	- P	1 7 3
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office addr	ess 5	.	
		NEW Registered Agent:	Ocug Pescall -	9A	œn .	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1790 NW 94th Ave			
			Doral	,FL	33172	2
an lia the the	nfiri d th ibilite e me	imited liability company is not organized under the lamed that after the change or changes are made, the Fle business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise fating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a Fl was/were authorized by ar	registere orida lii raffirm	ed office mited ative vo	te of
		emperie or typed name of signee	-			
I co an Ci	here mpl id I d hapt ldre:	thy accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po er 608, F.SOr, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity per and complete perform sition as registered agent c rely reflect a change in the has been notified in writi	I furth ance of is provi registe ng of th	ger agre my duti ded for red offici is chans	e to es, in ce re.

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

Signature of Registered Agent