

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094 Phone : (770)777-2091 Fax Number

1 (770)220÷1943

REGISTERED AGENT CHANGE

FLAG DI LIDO RETAIL GP CORP.

Certificate of Status	0
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PAGE 02/03

850-617-6381 4/24/2008 2:54

PAGE 001/001 Florida Dept of State



April 24, 2008

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLAG DI LIDO RETAIL GP CORP. 650 MADISON AVE 15TH FLOOR NEW YORK, NY 10022

SUBJECT: FLAG DI LIDO RETAIL GP CORP.

REF: P99000074998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current registered agent information does not match our records.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 208A00024941

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, th nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	his
	the corporation:		
2. The principal	l office address:SON AVE 15TH FLOOR NEW YORK		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification; 9/2/1999	Document number: P9900007859	4
5. The name and		agent and registered office on file with the	1
	GREENBERG & TRAURIG, P.	A	08
	1221 BRICKELL AVE		APR.
	MIAMI FL 33131 US		24
6. The name and (if changed):	d street address of the new registered age NRAI Services, Inc.	nt (if changed) and /or registered office	08 APR 24 PM 2: 04
	2731 Executive Park Drive	, Suite 4	
	(P.O. Box NOT acceptable	)	
	Weston, FL 33331		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registere	ed agent,
=		d by its board of directors or by an officer so otified in writing of the change.	
/s/Pau	I C. Kanavos	Paul C. Kanavos, President	
		nd agree to act in this capacity. tutes relative to the proper and complete per ligation of my position as registered agent. C te registered office address, I hereby confirm	formance Or, if this that the
MI	law	4/23/2008	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
	lik, Assistant Secretary Typed or Printed Name)		
(1	* * * FILING FE	CE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314

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