## 101000017200

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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2005 SEP 13 AM 10: 01
SECRETARY OF STATE





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 15, 2005

LES STEINGER 3 PELICAN ISLE FT. LAUDERDALE, FL 33301

SUBJECT: MAJESTIC FARMS, LLC

Ref. Number: L01000017200

We have received your document for MAJESTIC FARMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cap (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 705A00051997

Division of Compositions D.O. DOV 6997 Wallaharras Florida 99914

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MAJESTIC FARMS LLC (Name of comporation)			
DOCUMENT NUMBER: LO 100017200			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of contact person)			
MAJESTIC FORMS LLL (Firm/Company)	SEC	2005	
3 Pelicas Isle (Address)	RETARY (	2005 SEP 13 AM 10: 01	FILE
FT. LAUSensale Pla 3330/ (City/state and zip code)	TARY OF STATE	AH 10: 01	O
For further information concerning this matter, please call:	<b>→</b>		
(Name of contact person) at (954) 529-8865 (Area code & daytime telephone num	iber)		
Enclosed is a \$35.00 check made payable to the Department of State.			

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## • • 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.

agent, or both, in the state of 1 to			_			
1. The name of the limited liabilit	ty company is:	MAJE:	OTIC FARR	ns LLC	<del>-</del>	·
2. The mailing address of the limit						,
			Lauseno			01
10/04/01			L0100	1		
3. Date of filing/registration in Fl	orida	4.	Document nur			
5. The name of the registered ager Florida Department of State:			dress as shown		ds of the	
	100 E-1	Name	BUDD	di		
	200 E- L FT. Laude City, S	Address Chonle P State and Zip	A 3330/	-	SECRE	2005 SEP 13 AM 10: 0
6. The name and address of the ne					TAR	<del>```</del>
1	es STE	EINUEN			E C	PI3 A
	Pelican				OF STATE	
	a street address		OT acceptable)		TE ADA	0
Fort	LAUDENDALE	FI. 333	0/			
	Lausenoale City, Sta	ate and Zip	<u></u>			
	changes are madestered agent will firmed that the cy company or as little liability cor	de, the Florid be identical. change(s) was otherwise pr mpany.	a etropt address	of the regies	tered offic	ote of or
(Signature of member or authorized represe	intative of a member)	•				
Printed or typed name of signee	_ <del></del>					
I hereby accept the appointment a comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or, if this docu address, I hereby confirm that the (Signature of Registofed Agent)	is registered age tatules relative is the obligations ment is being fil limited liability	ent and agree to the proper of my positio ed to merely company has	to act in this ca and complete p n as registered reflect a change been notified i	pacity. I fu erformance agent as pro in the regis n writing of	rther agre of my dut wided for stered offi this chan	ee to lies, in ice ge.

**FILING FEE: \$25.00** 

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)