

LO 50000 11802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

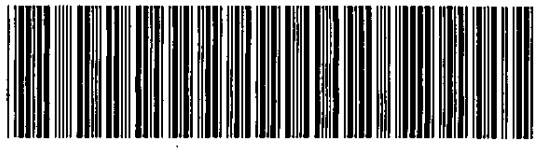
(Business Entity Name)

(Document Number)

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2006 NOV -7 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LO 5-11802  
RL  
ff \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2006

MARIA MAYO  
P.O. BOX 49144  
JACKSONVILLE BEACH, FL 32240

SUBJECT: TWIN TOWERS BLOCK & BRICK, LLC  
Ref. Number: L05000011802

We have received your document for TWIN TOWERS BLOCK & BRICK, and your check(s) totaling \$25.00. However, the enclosed document has been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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 call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 306A00063887

2006 NOV - 7 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2006

MARIA MAYO  
P.O. BOX 49144  
JACKSONVILLE BEACH, FL 32240

SUBJECT: TWIN TOWERS BLOCK & BRICK, LLC  
Ref. Number: L05000011802

2006 NOV - 7 AM 10: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for TWIN TOWERS BLOCK & BRICK, and your check(s) totaling \$30.00. However, the enclosed document has been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 806A00063887

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Twin Towers Blocks and Bricks 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:

MARIA O. MAYO  
(Name of Person)

Twin Towers Blocks and Bricks LLC  
(Firm/Company)

P.O. BOX 49144  
(Address)

JACKSONVILLE BEACH, FL 32240  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARIA O. MAYO at ( 904 ) 246-9965  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2006

MARIA MAYO  
P.O. BOX 49144  
JACKSONVILLE BEACH, FL 32240

SUBJECT: TWIN TOWERS BLOCK & BRICK, LLC  
Ref. Number: L05000011802

2006 NOV -7 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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We have received your document for TWIN TOWERS BLOCK & BRICK, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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 call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 306A00063887

**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. The name of the limited liability company is: Twin Towers Blocks and Bricks LLC
2. The mailing address of the limited liability company is : P.O. BOX 49144 JACKSONVILLE FL 32240

01/28/2005

L05000011802

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAEL L. HARVEY P.A.

Name

1122 N.Third Street suite 3

Address

Jacksonville Beach, FL 32250

City, State and Zip

6. The name and address of the new registered agent and/or office:

MARIA O. MAYO

Name

318 Royal Palms Dr.

Florida street address (P.O. Box NOT acceptable)

Atlantic Beach FL 32233

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

MARIA O. MAYO

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



(Signature of Registered Agent)

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

FILING FEE: \$25.00

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2006 NOV -7 AM 10:01  
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TALLAHASSEE, FLORIDA