L0700007862

(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Benny T's Drywall LLC (Name of	f Limited Liabili	ty Company)		<u>.</u>	
Dear Sir or Madam:	•				
The enclosed Registered Agent/Registered	Office Change	and fee(s) are su	bmitted i	for fili	ng.
Please return all correspondence concernin	g this matter to t	the following:			
Clyde B Truett Jr.		_		1	
(Name of Person)			=1		
Benny T's Drywall LLC. (Firm/Company)	<u> </u>	_	SECRET ALLAHA	700N F007 -	
8605 Knightsbridge Cr East		_	RETARY OF AHASSEE, F	-8 D	
(Address)	•		OF STATE	بب —	0
Orange Park, FL. 32073 (City/State and Zip Code)		_	>	_	
For further information concerning this ma	•	000 0077			
Dana Effinger (Name of Person)	at (904) <mark>860-9377</mark> Area Code & Da	vtime T	elenho	, ne Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAI Regi Divis P.O.	ILING ADDRES stration Section sion of Corporation Box 6327 shassee, Florida 33	S: ons	егерио	me (vumber)
Enclosed is a check for the follow	ing amount:				
\$25 Filing Fee	□ \$ 5.5	Filing Fee & C	ertified (Сору	

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	Benny T's Drywall LLC.
2. The mailing address of the limited liability of	company is: 8605 Knightsbridge Cr East
Orange Park, FL. 32073	
October 23, 2007	L07000107862
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the records of the
David N. Williams /	Agents and Corporations, Inc.
300 Fifth Avenue	Name South Suite 101-330 Address
Naples, FL. 34102	
	y, State and Zip
6. The name and address of the new registered	agent and/or office.
Dana Effinger	Name P ST
5465 Vema Blvd.	Name ORIDE 12
Florida street addre	ss (P.O. Box NOT acceptable)
Jacksonville,	FL 32205
City,	State and Zip
confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization (ty company.
Clide R Truett Ir. (Printed or typed name of signee)	
I hereby accept the appointment as registered comply with the provisions of all statutes relational I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	agent and agree to act in this capacity. I further agree to ve to the proper and complete performance of my duties, ons of my position as registered agent as provided for in g filed to merely reflect a change in the registered office lity 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