

L090000/0973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

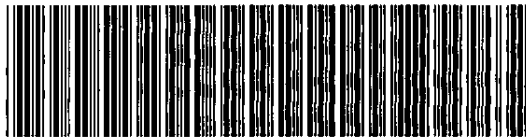
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office
A. LUNT
NOV 19 2010
EXAMINER

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2010 NOV 18 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2010

BREWLONG, PLLC
237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751

SUBJECT: LITTLE OWL, LLC
Ref. Number: L09000109731

We have received your document for LITTLE OWL, 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 call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 010A00025022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LITTLE OWL, 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:

Name of Person

BREWERLONG, PLLC
Firm/Company

237 LOOKOUT PLACE, SUITE 100
Address

MAITLAND, FL 32751
City/State and Zip Code

TBREWER@BREWERLONG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVOR K. BREWER at (407) 660-2964
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

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TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: LITTLE OWL, LLC

2. (a) Principal office address of limited liability company: C/O GLENORA COMPANY

(Note: **MUST BE STREET ADDRESS**) 735 N. WATER STREET, SUITE 712
MILWAUKEE, WI 53202-4104

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) (SAME AS ABOVE)

11/13/2009

3. Date of filing/registration in Florida

L0900010978

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: TREVOR K. BREWER

Registered Office Address: 1800 PEMBROOK DRIVE
SUITE 300
ORLANDO, FL 32810

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: BREWERLONG, PLLC

NEW Registered Office Address: 237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751

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.

Thomas F. Lechner
Signature of a member or authorized representative of a member

THOMAS F. LECHNER
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. 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.

Managya Mankar
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA