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-	(City/State/Zip/Phone #)	_		
PICK-UI	P WAIT MAIL			
	(Business Entity Name)	_		
·.	(Document Number)	_		
*	Certificates of Status	-		
Special Instructions	to Filing Officer:	]		

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S. HAWKES

**EXAMINER** 

S. HAWKES

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**EXAMINER** 





## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2010

MADHU RAYALA 4728 COACHSMAN LANDING CT GLEN ALLEN, VA 23059

SUBJECT: STRATOSPHERE, LLC

Ref. Number: L10000022384

We have received your document for STRATOSPHERE, 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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 910A00016437

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STRATOSPHERE 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:	
MADHU RAYALA  Name of Person	
STRATOSPHERE LLC,	
4728 COACHMANS LANDING CT. Address	
GLEN ALLEN, VA 23059 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MADHU RAYALA at (703) 725-6190  Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$25 Filing Fee & Certified Copy	

## 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:STRA	TOSPHERE LLC.
2. (a) Principal office address of limited liability company	: 4728 COACH MANY LANDONG (F.
(Note: MUST BE STREET ADDRESS)	FOR 6th Street St. Whiteviller, FL
(b) Mailing address of limited liability company:	1708 Sixth Street 33850
(Note: MAY BE POST OFFICE BOX)	Winter Howen FL
3   1   20   0	L10000023384
	4. Document number 芸
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dentr of State:
Registered Agent:	
Registered Office Address:	14601 Dream Catches Cf.
	Cleamont, FL 34711
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	MADIU RAYALA
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	1708 Sixth Sheet SE Winter Haven, FL 33880
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office calOr, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of Registered Agent	• •

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