0700093063

(Requestor's Name)				
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M. Thomas MAY 2 1 7059

COVER LETTER

Position Section Division of Corporations	/		
SUBJECT: 4Lo Ventures, LLC			
(Name o	f Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Luther S Rose III (Name of Person)	ng this matter to the following:		
(
4Lo Ventures, LLC	P		
(Firm/Company)			
1627 Natchez Trace Blvd.			
(Address)			
Orlando FL 32818-9038			
(City/State and Zip Code)	·		
For further information concerning this ma	atter, please call:		
Luther S Rose III	at (407) 297-6796		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ving amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2008

LUTHER S. ROSE III 1627 NATCHEZ TRACE BLVD. ORLANDO, FL 32818-9038

SUBJECT: 4LO VENTURES, LLC Ref. Number: L07000093063

We have received your document for 4LO VENTURES, 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):

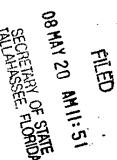
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 408A00030475



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 lin	nited liability company is:	4Lo Ventures, LLC	•
2. The mailing address	s of the limited liability co	ompany is: 1627 Natchez Trace Blv	<u>rd</u>
Orlando FL 32818-903	8		
0/44/07		1.07000002062	
9/11/07		L0700093063	
3. Date of filing/regis	tration in Florida	4. Document number	r
5. The name of the reg Florida Department	gistered agent and the regist of State:	stered office address as shown on t	he records of the
•	Luther S Rose III		
		Name	0
627 Spice Trader Way		ay	F(C) 78
		Address	Eg E
Orlando FL. 32818			至位 2
	City,	State and Zip	SSE
6. The name and addre	ess of the new registered a	gent and/or office:	08 MAY 20 AM 11:51
	Luther S Rose III		STATES
	•	Name	Su -
	1627 Natchez Trace I	Blvd.	•
	Florida street address	s (P.O. Box NOT acceptable)	
	Orlando	FL 32818	
	City, S	State and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	e change or changes are me of the registered agent we hereby confirmed that the	under the laws of the State of Flor nade, the Florida street address of t ill be identical. Or, in the case of a e change(s) was/were authorized by or as otherwise provided in the art y company.	he registered office a Florida limited y an affirmative vote
Luther S Rose III (Printed or typed name of sig	Luther S Rose ##	<u>F</u>	
comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf	ions of all statutes relative and accept the obligation if this document is being irm that the limited liability	gent and agree to act in this capace e to the proper and complete perfo is of my position as registered agen filed to merely reflect a change in t ty company has been notified in wr	rmance of my duties, nt as provided for in the registered office

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

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