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Brashear (Re	+ Ass	00(,	P.L.			
Counselors at Law (Address)						
(Address)						
924 NW 13th St. (Address)						
Gainesville, FL 52601-4140 (City/State/Zip/Phone #)						
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SECRETARY OF STATE

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 limite	d liability company is:	APPEL'S AQUACULTUR	₹E, LC		
2. The mailing address of the limited liability company is: old: 926 N.W. 13th Street					
new: P.O. Box 104	9	Gāinesvi	lle FL 32601		
Cedar Key FL	32625				
02-07-00		L00000000	L356		
3. Date of filing/registration in Florida 4. Document nu		mber			
5. The name of the registe Florida Department of S	red agent and the registe	ered office address as shown	on the records of the		
	BRUCE BRASHEA	AR			
		Name	-		
	926 N.W. 13th	n Street .			
Gainesville FL 32601					
	City, S	State and Zip	•		
6. The name and address of the new registered agent and/or office:					
	JOHN C. APPEI		ZODN HAY		
	5591 S.W. Cou	ame inty Road 345	SER 2		
•	Florida street address	(P.O. Box NOT acceptable)	P D		
	Cedar Key	32625 .	워크 및		
	City, Sta	ate and Zip	- 5H 8		
confirmed that after the ch and the business office of	ange or changes are ma the registered agent will eby confirmed that the c I liability company or as	nder the laws of the State of I de, the Florida street address be identical. Or, in the case hange(s) was/were authorizes otherwise provided in the ampany.	of the registered office of a Florida limited		
(Signature of a member or authority	zed representative of a member)				
JOHN C. APPEL,	Monogar				
(Printed or typed name of signee)	ranage1	· ·			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Signature of Registered Agents	ntment as registered ago s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and agree to act in this co to the proper and complete p of my position as registered led to merely reflect a chang company has been notified i	ipacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.		

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

FILING FEE: \$25.00

INHS18(10/99)