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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GREG LUNDBERG GENERAL CONTRACTOR, LLC (Name of corporation)		<del></del>
DOCUMENT NUMBER: L00000002838		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:	,	
GREG LUNDBERG		
(Name of person)		
	₹s c	<b>-</b>
GREG LUNDBERG GENERAL CONTRACTOR, LLC		<del>-</del>
(Name of firm/company)	<u> </u>	= 7
	AR SS	
1236 SOUTH JOHN YOUNG PARKWAY	- Äd≺ Mo ⊐	o n
(Address)	77,5	
	, OR	<b>`</b> ??
KISSIMMEE, FL 34741	DF. 0	i)
(City/state and zip code)	<u> </u>	
For further information concerning this matter, please call:		
• • • • • • • • • • • • • • • • • • •		
GREG LUNDBERG at ( 407 ) 908-8512		
(Name of person) (Area code & daytime tele	phone numbe	er)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 26, 2004

GREG LUNDBERG 1236 SOUTH JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

SUBJECT: GREG LUNDBERG GENERAL CONTRACTOR, LLC

Ref. Number: L00000002838

We have received your document for GREG LUNDBERG GENERAL CONTRACTOR, 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 104A000369

## 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.

agoni, or oom, in me sian	· ·	ODEC LUNDDEDO CEN	IEDAL CONTRACTOR
1. The name of the limite	d liability company is:	GREG LUNDBERG GEN	TERAL CONTRACTOR,
2. The mailing address of	the limited liability con	npany is: 1236 SOUTH J	OHN YOUNG PARKWA
KISSIMMEE, FL 34741			
2000		L0000000283	38
3. Date of filing/registrati	on in Florida	4. Document nu	ımber
5. The name of the registe Florida Department of S		ered office address as shown	on the records of the
-	JONATHAN D. WOO		_
		Name AL DRIVE SUITE 204	
		Address	<u> </u>
	ORLANDO, FL 3280	tate and Zip	<del>-</del>
6. The name and address of	• •	-	
	GREGORY J. LUND	BERG	
	1236 SOUTH JOHN	ame YOUNG PARKWAY	=
•	Florida street address	(P.O. Box NOT acceptable)	ALL SEC
	KISSIMMEE	FL 34741	JUN 2
	City, Sta	ate and Zip	SSI A N
Thyon I body		nder the laws of the State of de, the Florida street address be identical. Or, in the case thange(s) was/were authorizes otherwise provided in the ampany.	Florida, it is hereby s of the registered office of a Florida limited ed by an affirmative vote of rticles of organization or
(Signature of a thember of authori	zed representative of a member)		
GREGORY J. LUNDBE	ERG		-
(Printed or typed name of signee)			
Il we bladly	ntment as registered age s of all statutes relative is accept the obligations his document is being fil that the limited liability	ent and agree to act in this conto the proper and complete to the proper and complete to find the position as registered ed to merely reflect a chang company has been notified to the company has been not the company to the company has been notified to the company has been not the company has been not the company to the company has been not the company to the company has been not the company to	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.
-(Signature of Registered Agent)			

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