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STRAUGHN, STRAUGHN & TURNER, P.A.  
ATTORNEYS AND COUNSELORS AT LAW

255 MAGNOLIA AVENUE  
WINTER HAVEN, FLORIDA  
33880

MAILING ADDRESS:  
POST OFFICE BOX 2295  
WINTER HAVEN, FLORIDA  
33883-2295

TELEPHONE: (863) 293-1184  
FAX: (863) 293-3051  
rstraughn@aol.com  
markgturn@aol.com

RICHARD E. STRAUGHN  
MARK G. TURNER

JACK STRAUGHN  
(1925-2000)

March 27, 2001

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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-03/29/01--01056--011  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

RE: ORRIN, L.C.  
Our File No.: 4445/002

Dear Sir:

Enclosed for filing incident to the above corporation, please find an executed Statement of Change of Registered Office or Registered Agent or Both For Corporations (Form CR2E045).

Also enclosed, is my firm's check in the total amount of \$43.75, which represents the filing fee of \$35.00, plus the cost of a certified copy of \$8.75.

Please forward a certified copy to this office.

Thank you for your assistance in this matter, Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN, STRAUGHN & TURNER, P.A.

RICHARD E. STRAUGHN

RES/djb  
enclosure

cc: Orrin, L.C.

LO1-2617

FILED  
01 JUN -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 9, 2001

RICHARD STRAUGHN  
255 MAGNOLIA AVENUE  
WINTER HAVEN, FL 33880

SUBJECT: ORRIN, L.C.  
Ref. Number: L01000002617

We have received your document for ORRIN, L.C. and your check(s) totaling \$43.75. 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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 901A00020954

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -4 PM 2:04

FILED

**STRAUGHN, STRAUGHN & TURNER, P.A.**

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RICHARD E. STRAUGHN  
MARK G. TURNER

JACK STRAUGHN  
(1925-2000)

June 1, 2001

Florida Department of State  
Division of Corporations  
ATTN: MS. TAMMI CLINE  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: ORRIN, L.C.  
Our File No.: 4445/002

Dear Ms. Cline:

Pursuant to your correspondence dated April 9, 2001, a copy of which is enclosed for your review, I have enclosed for filing a Statement of Change of Registered Office or Registered Agent or Both For Limited Liability Company (Form INHS18).

I had previously provided you with my firm's check in the total amount of \$43.75, which represents the filing fee of \$35.00, plus the cost of a certified copy of \$8.75.

Please forward a certified copy to this office.

Thank you for your assistance in this matter, Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN, STRAUGHN & TURNER, P.A.



RICHARD E. STRAUGHN  
(signed in my absence to avoid delay)

RES/djb  
enclosure

cc: Orrin, L.C.

orrin.llc\letter\fladep. ra2

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SECRETARY OF STATE  
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. The name of the limited liability company is: ORRIN, L.C.

2. The mailing address of the limited liability company is: P.O. Box 187,  
Auburndale, Florida 33823

02/20/2001  
3. Date of filing/registration in Florida

L01000002617  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Christopher B. Cole  
Name  
316 West Central Avenue, Suite 505  
Address  
Winter Haven, Florida 33880  
City, State and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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6. The name and address of the new registered agent and/or office:

Christopher B. Cole  
Name  
755 Orrin Avenue  
Florida street address (P.O. Box NOT acceptable)  
Winter Haven FL 33880  
City, State and Zip

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.

  
(Signature of a member or authorized representative of a member)

CHRISTOPHER B. COLE, Member  
(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. Or, 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.*

  
(Signature of Registered Agent) CHRISTOPHER B. COLE

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