00000 (1885)

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
189,623,671				
J				

Office Use Only





400009739544

01/09/03--01044--001 **25.00 *



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 10, 2003

, ž.,

KATRINA H. PACE PO BOX 1118 TRENTON, FL 32693

SUBJECT: SKEET'S DRIVE-THRU, L.L.C.

Ref. Number: L01000006885

SEURE WAY OF STAIL AND SEED FLORIDE

We have received your document for SKEET'S DRIVE-THRU, L.L.C. and your check(s) totaling \$. 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.

Letter Number: 203A00001374

Marsha Thomas Document Specialist

Division of Cornorations - P.O. BOX 6327 - Tallahassee Florida 32314

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations						
	T-00	Chantle I	7 w 1 Th w	11.0			

(Name of Limited Liability Company)			•
DOCUMENT NUMBER: L01000006885			
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	fee are su	ıbmitte	:d
Please return all correspondence concerning this matter to the following:	7		
Katrina H. Pace (Name of Person)		03 JAN 21	
	25		7
Skeets Drive Thru UC	SSEE		
(Name of Finis Company)	11	È	
POBOX 1118 (Address)	LORI	8: 2	
(Address)	3	Φ	
Trenton, Fl. 32693 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Katrina M. Pace at (352) 463-7027 (Name of Person) (Area Code & Daytime Telephone Nu	umber)		
(Mea Code & Daytine Telephone 14	ALLOCE J		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17(11/02)

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: _	Skeet's Drive-Thru LLC
2. The mailing address of the limited liability com	pany is: P0 Box 1118, Trenton, F1. 32693
5/01/2001	L01000006885
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the
Katrina Pa	
	Name
PO Box 1118	ddress
	<i>⊢</i> ₩ 0
City, S	32693 tate and Zip
6. The name and address of the new registered age	ent and/or office:
Keith McK	ov T
	ame
	P.O. Box NOT acceptable)
Florida street address (1.0. Box 1401 acceptable)
Trenton	FL
City, Sta	te and Zip
If the limited liability company is not organized ur confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the c the members of the limited liability company or as the operating agreement of the limited liability cor	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Katrina N. tace	
(Signature of a member or authorized representative of a member)	
Katrina H. Pace (Printed or typed name of signee)	
	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
	. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)