10000010011

(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:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
Certified Copies Certificates of Status Special Instructions to Filing Officer:
Certified Copies Certificates of Status Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
12/00 B/A Change
1000 OF CHUNG
1 01
-
Ì
LO1- 10611
<u> </u>

Office Use Only



200025625672

12/22/03--01039--007 **25.00

MIH

FILED

03 DEC 22 AM 9: 04

CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

December 18, 2003

DIVISION OF CORPORATIONS POST OFFICE BOX 6327 TALLAHASSEE, FL 32314

> Re: Registered Agent Statement of Change **S&P Holdings, LLC**

Gentlemen:

Enclosed please find a Statement of Change of Registered Agent for S&P Holdings, LLC.

Also enclosed is our firm Check No. 331034 in the amount of \$25.00 for the payment of the filling fees in connection with the above-described Statement of Change.

Very truly yours,

Joyce/F/. Bentubo

Administrative Assistant

JFB/tah Enclosures

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:	S&P HOLDINGS, LLC
2.	The mailing address of the limited liability company is	:5401 GRANT STREET
		HOLLYWOOD, FL 33021
	06/29/2001	L01000010611
3.	Date of filing/registration in Florida	4. Document number
5.	The name of the registered agent and the registered off Department of State:	ice address as shown on the records of the Florida
	JOHNSON, ST	rephen p.
	Nan	
	5401 GRANT	STREET
	Addr	
HOLLYW		D.FL 33021
	City, State	and Zip
6.	The name and address of the new registered agent and/	• • • • • • • • • • • • • • • • • • •
	CFRA. LLC	
	Nan	ne
	ONE HARBOUR PL	
	Florida street address (P.C	
		OUR ISLAND BOULEVARD
	TAMPA. FL 33602-5	5730
	City, State	
aft reg the	the limited liability company is not organized under the lear the change or changes are made, the Florida street addristered agent will be identical. Or, in the case of a Florida change(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or the open	tress of the registered office and the business office of the la limited liability company, it is hereby confirmed that if the members of the limited liability company or as
	Marken Maleur _	
(Si	gnature of a member or authorized representative of a m	ember)
•	Stephen P. Johnson	·
(Pi	rinted or typed name of signee)	<u></u>
the and doc lia	e provisions of all statutes relative to the proper and come descept the obligations of my position as registered ages cument is being filed to merely reflect a change in the rejuitive company has been notified in writing of this change	nt as provided for in Chapter 608, F.S. Or, if this gistered office address, I hereby confirm that the limited
(SI	grature of Registered Agent)	

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

INHS18(10/99) FILING FEE: \$25.00