## 101000073558

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)  (Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
19/30 PA Ch						

Office Use Only



600060100076

09/30/05--01033--002 \*\*25.00

FILED
05 SEP 30 PH 2: 07

## **COVER LETTER**

_	of Corporations				
SUBJECT:	Aperio Services, LL	.C			
	(Name of	Limited Liab	ility Company)		
Dear Sir or Mad	lam:				
		0.0° 01	16 () 1 () 16 ()		
i ne enclosed Ki	egistered Agent/Registered	Office Chang	e and fee(s) are submitted for filing.		
Please return all	correspondence concerning	g this matter t	o the following:		
Carl F. Gugi	no		_		
	(Name of Person)		<del></del>		
Aperio Servi	inne IIC				
Apenio Sei Vi	(Firm/Company)		<del></del>		
950 S. Tamia	ami Trail, Suite 102				
	(Address)				
Sarasota, FL	34236				
	(City/State and Zip Code)				
For further infor	mation concerning this mat	tter, please cal	II:		
Carl F. Gug	ino	_at (941_	) 955.2885		
	Name of Person)	···· \	(Area Code & Daytime Telephone Number)		
	COURIER ADDRESS:		MAILING ADDRESS:		
	on Section of Corporations	Registration Section Division of Corporations			
Clifton B		P.O. Box 6327			
2661 Exe	cutive Center Circle ee, Florida 32301	Tallahassee, Florida 32314			
Enclosed	d is a check for the followi	ing amount:			
<b>✓</b> \$25 F	iling Fee	\$55 Filing Fee & Certified Copy			

## 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.

agein, or com, mine on	ic of the raid.					
1. The name of the limit	ted liability company is	s: Aperio Servio	es, LLC	···		
2. The mailing address	of the limited liability	company is:	Aperio Service	s, LLC		
•	_			<del></del>		
950 S. Tamiami Trail, S	Suite 102, Sarasota, F	-L 34230		<del></del>	<del></del> -	
September 20, 2005		L	01000022558			
3. Date of filing/registration in Florida		$\overline{4}$	. Document num	ıber		
5. The name of the regis Florida Department of		gistered office ad	ldress as shown o	n the records	of the	<b>3</b>
	Thomas M. Harl	tnett				
		Name				
	950 S. Tamiami 7		2			
		Address				
	Sarasota, FL 342	236 y, State and Zip				
	•	•				
<ol><li>The name and address</li></ol>	s of the new registered	agent and/or off	ice:			
	Carl F. Gugino			<b>I</b> AS	05	
		Name			<u>S</u>	
	950 S. Tamiami T		•	HAT.	. <del>.</del> .	11
	Florida street addre	ess (P.O. Box NO	OT acceptable)	<u>0 </u>	SEP 30	一
	Saranata El 242	26 Fr		111/2 TH 21	PH	П
	Sarasota, FL 342	State and Zip			2:	D
	• •	•		DINO	0	
If the limited liability co confirmed that after the and the business office of liability company, it is hof the members of the li or the operating agreement.	change or changes are of the registered agent to ereby confirmed that the	made, the Floric will be identical.	la street address ( Or, in the case ( s/were authorized	of the register of a Florida li	red off imited	vote
(Signature of a member or author	orized representative of a men	nber)				
Carl F. Gugino						
(Printed or typed name of signe						
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Or, it address, I hereby confirm	ointment as registered ins of all statutes relation of all statutes relation decept the obligation of this document is being in that the limited liability.	agent and agree ive to the proper ons of my position of filed to merely lity company ha	e to act in this cap and complete pe on as registered a reflect a change s been notified in	pacity. I furth rformance of gent as provi in the registe writing of th	her ag my di ded fo red of is cha	ree to uties, or in ffice nge.
(Signature of Registered Agent)	,					
Divisi	ion of Corporations, l	P.O. Box 6327,	Tallahassee, FL	32314		

**FILING FEE: \$25.00**