## L02000001414

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9#)
* PICK-UP	MAIT WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer.	





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## GRIMSLEY MARKER & ISELEY, P.A.

50 NORTH LAURA STREET, SUITE 2150 JACKSONVILLE, FLORIDA 32202 (904) 354-9900 - TELECOPIER (904) 354-9994 E-MAIL ADDRESS - mmulea@iluk.com

NANCY M. MULEA PROBATE LEGAL ASSISTANT DIRECT LINE (904) 354-9672

October 6, 2003

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE:

Salsipuedes, LLC

Document # L02000001414

Dear Ladies/Gentlemen:

Enclosed are the following documents to obtain the reinstatement of Salsipuedes, LLC:

- 1. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and
- 2. Limited Liability Company Reinstatement.

Also enclosed is our check in the amount of \$180, representing the Reinstatement Fee of \$100, Change of Registered Agent Fee of \$25, Annual Fee of \$50 and the fee to obtain a Status Report of \$5.

Please send the Status Report to the Registered Agent, at the address shown on the reinstatement form.

DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
D3 DCT 13 AM 9: 02

Florida Department of State October 6, 2003 Page Two

Please call me at 1-888-286-1313 (Toll Free) if you have any questions or need additional information.

Very truly yours,

Nancy M. Mulea

Probate Legal Assistant

LARLY M. Thules

Enclosures

DIVISION OF CORPORATIONS
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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.

agent, or both, in the Stat	e of Florida.			ierea ogree	0. 108	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. The name of the limite	d liability company is:	SALSIP	JEDES, LLC			
2. The mailing address of	f the limited liability con	mpany is:	417 Porpoise Poi	nt Drive		<u>r sülje</u> s
St. Augustine, Florida			-12			= -=
01/17/02			L02000001414		<u>.</u>	
3. Date of filing/registration in Florida			4. Document num	ber		
5. The name of the register Florida Department of	ered agent and the regist State: Susan S. Bloodwort		address as shown o	n the record	s of the	* * <u>.</u>
	170 Malaga Street,	Name		· -		; <u>*</u> .47 <u>°</u>
	St. Augustine, Florid	Address da 32084 State and 2	in .		03 (	SIVISION SILIC
6. The name and address	•		-		D3 OCT 13	SE SE
	Randall L. Marker	<u></u>				80F
	50 North Laura Street, Suite 2150		, <u>.</u>	AM 9: 02	SISSE	
	Florida street address	•	-		2	<b>3</b> 5
	Jacksonville	FL 3220	_ <del></del>	` -		. <del></del>
		tate and Zij	•			
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limited limite	nange or changes are matthe registered agent will selve confirmed that the	ade, the Floation in the state of the identical change (s) as otherwise ompany.	orida street address of cal. Or, in the case of was/were authorized	of the registe of a Florida l by an affir	ered office limited	ote of

Susan J. Garner and Timothy W. Davis, as Personal Representatives of the estate of (Printed or typed name of signee)

(Printed or typed name of signee)
Robert A. McCormack, deceased, Managing Members
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 auties, 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. Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

1:5

FILING FEE: \$25.00

INHS18(10/99)