

LOZ000004440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

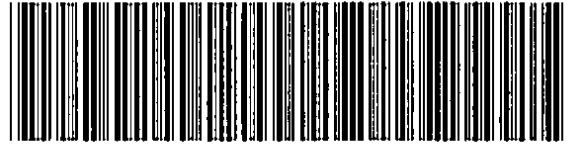
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCM LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Muehl

Name of Person

CCM LLC

Firm/Company

7025 CR 46A STE 1071-308

Address

Lake Mary, Florida 32746

City/State and Zip Code

jmuehl@ccmorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Muehl

407
at ()

782-2881

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing 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 605.0114 or 605.0116, 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. Name of the limited liability company: CCM LLC

2. (a) 7025 CR 46A STE 1071-308 LAKE MARY FL 32746 (b) 7025 CR46A STE 1071-308 LAKE MARY FL 32746
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 12/29/2006 Date of filing/registration in Florida 4. L02000004440 Document number

5. (a) CIPPARONE AND CIPPARONE, P.A.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
801 US HIGHWAY 1 NORTH PALM BEACH FL 33408
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

 _____, FL _____

(b) CIPPARONE AND CIPPARONE, P.A.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1525 INTERNATIONAL PARKWAY SUITE 1071

LAKE MARY, FL 32746

11:1:03

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.

Joseph E Muehl
 Signature of a member or authorized representative of a member

JOSEPH E MUEHL
 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 605, 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.

Ryan Cipparone
 Signature of Registered Agent