10200006463

(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:		

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300109562143

09/27/07--01005--007 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hibiscus House Dog (Name of Limit	untown Holding Company, ELC ed 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:
ROWDY WILLS (Name of Person)	•
Hibs Cas House De	ountour
215 28 th SF (Address)	
West Pah Seach F	1 33407 PEG 20
For further information concerning this matter, pl	2007 SEP 27 SECRETARY TALLAHASSE
Reprox Will at ((Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	aount:
\$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 608. liability company submits the following stat agent, or both, in the State of Florida.	416 or 608.508, Florida Statutes, the undersigned limited ement in order to change its registered office or registered
1. The name of the limited liability company	is: Hibiscus House Dountown, LL
2. The mailing address of the limited liability	•
3115/2002	L02000006463
3. Date of filing/registration in Florida	4. Document number
	egistered office address as shown on the records of the E. Baker, CPA Name (7
WEST PA	E. Baker, CPA H. Name ST. Address H. M. BENCH, FL 33407 Tity, State and Zip
6. The name and address of the new registere	ed agent and/or office:
Randy W	vil) s
215 241	Vills The Name The Street
Florida street add	ress (P.O. Box NOT acceptable) Response (P.O. Box NOT acceptable) Note of FL
Cit	y, State and Zip
	· · · · · · · · · · · · · · · · · · ·
OAUID E. BAKER (Printed or typed name of signee)	
	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ing filed to merely reflect a change in the registered office bility company has been notified in writing of this change.
v	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00