L020000172353

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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.

 ,,	,			
1. The name of the limited liability company is: FITZGERALD CONSTRUCTION L.L.C.				
2. The mailing address of	the limited liability con	mpany is: 174-Semoran Co	mmerc Place	
Suite 109, Apopka, Flo			· -	
09/26/2003		L02000017253	3	
3. Date of filing/registration	ion in Florida	4. Document number		
5. The name of the register Florida Department of		tered office address as shown o	on the records of the	
Tiorida Dopardinont of		Carufe, P.A./Doug Weibel		
	9240 BONITA BEA	Name CH ROAD, SUITE 305	TAL	
	BONITA SPRINGS		FILED 2001 HAR 29 A SECRETARY OF STALLAHASSEE.FI	
	City,	State and Zip	R 29 TARY ASSE	
6. The name and address of the new registered agent and/or office:				
	• • • • • • • • • • • • • • • • • • •	/Paul Wolmarans	A STA	
	174-A Semorans Co	Name ommerce Place,Suite 109	15 E	
	Florida street address	(P.O. Box NOT acceptable)	-,	
	APOPKA	_{FL} 32703		
	City, S	tate and Zip	· -	
confirmed that after the cand the business office of liability company, it is he	hange or changes are me the registered agent with reby confirmed that the deliability company or a of the limited liability company	under the laws of the State of F ade, the Florida street address Il be identical. Or, in the case change(s) was/were authorize as otherwise provided in the ar ompany.	of the registered office of a Florida limited d by an affirmative vote of	
(Signature of a member or author	ized representative of a member	er)	-	
PAUL WOLMARANS				
(Printed or typed name of signee)				
F # // /		gent and agree to act in this ca e to the proper and complete p s of my position as registered filed to merely reflect a change by company has been notified i	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office my writing of this change.	
(Signature of Registered Agent)			· · · · · · · · · · · · · · · · · · ·	

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

INHS18(10/99)

FILING FEE: \$25.00