LO 2000017809

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
·	
	QP

OCT 2 3 2012

EXAMINER



000241047210

10/25/12--01024--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	WS Associates, L.L.C.
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Wesley Starn	es Tributa
Name of Person	
WS Associates,	LLC
Firm/Company	
PO Box 1670	o
1 Address	
Beverly Hills, CA	90209
City/State and Zip Coo	e .
wstarnes@ws-associ E-mail address: (to be used for future annu	ates.com
For further information concerning t	
Wesley Starnes	at (407) 965-1380
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRE	SS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
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 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.

ugo.u, o. com, ni nie state oj i to		
1. Name of the limited liability c	ompany:	WS Associates, L.L.C.
2. (a) Principal office address of	f limited liability compar	ny: 555 Winderley Place, Suite 300
(Note: MUST BE STRE	EET ADDRESS	Maitland, FL 32751
(b) Mailing address of limited	l liability company:	PO Box 16700 7
(Note: MAY BE POST	OFFICE BOX)	Beverly Hills, CA 90209
7/15/2002		L 020000 178 0 9 %
3. Date of filing/registration in F	lorida	4. Document number
5. (a) Registered Agent and Reg	gistered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:		Wesley Starnes
Registered Office Address	s:	2230 S. Terrace Blvd. Longwood, FL 32779
NEW Registered Agent:		Robert Lyles
NEW Registered Agent:		Robert Lyles
NEW Registered Office A (MUST BE FLORIDA S		904 E. Ohio Ave. Deland, FL 32724
	******	,FL
confirmed that after the change of and the business office of the reg	r changes are made, the istered agent will be identified that the change bility company or as other limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Wesley Starnes, Pre	esident, MGRM	
Printed or typed name of signee		
I hereby accept the appointment comply with the provisions of all and I am familiar with and accep Chapter 608, F.S. Or, if this docaddees, I hereby confirm that the	as registered agent and statules relative to the p of the obligations of my p ument is being filed to n e limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in herely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Agent		