## 10200025761

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	∍ #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





300057958413

07/29/05--01041--004 \*\*35.00

(02-)5761 A

## Buchanan Ingersoll

Cynthia J. Sargent Legal Assistant 813 222 8182 sargentcj@bipc.com SunTrust Financial Centre 401 E. Jackson Street, Suite 2500 Tampa, FL 33602-5236

T 813 222 8180 F 813 222 8189 www.buchananingersoll.com

July 26, 2005

Amendment Section **Division of Corporations** 409 E. Gaines Street Tallahassee, Florida 32399

Re:

Consumer Preferred, LLC

Document No. L02000025761

Dear Sir/Madam:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

> Cynthia J. Sargent Buchanan Ingersoll PC 401 E. Jackson Street **Suite 2500** Tampa, Florida 33602

For further information concerning this matter, please call me at (813) 222-8182.

Enclosed is a \$35.00 check made payable to the Department of State.

Very truly yours,

Cynthia J. Sargent

CJS/

Enclosure(s)

## 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 lim	ited liability company i	s: Consum	er Preferred, LLC	
2. The mailing address	of the limited liability			enue, Suite A
Tampa, Florida 336	11			<del></del>
September 30, 2002			L02000025761	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the regis Florida Department of	stered agent and the reg of State: CT Corporation S		address as shown on the	ne records of the
	1200 South Pine	Name		
	Plantation, Florida			
6. The name and addres	•	y, State and Z agent and/or	•	
	Mark J. Bernet as	Receiver fo	r Consumer Pre	
	401 E. Jackson St	Name treet, Suite 2	2500	
	Florida street addre	ess (P.O. Box	NOT acceptable)	
	Tampa,	FL 3360	2	
	City,	State and Zip	)	
If the limited liability co- confirmed that after the and the business office of liability company, it is h the members of the limit the operating agreement	change or changes are to the registered agent we ereby confirmed that the ted liability company or of the limited liability.	made, the Flo vill be identic te change(s) v r as otherwise company.	rida street address of the al. Or, in the case of a vas/were authorized by	e registered office Florida limited an affirmative vote of
Signature of a member or author	orized representative of a memi	ber)		
Mark J. Bernet				
(Printed or typed name of signe I hereby accept the application of the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm the provision of th	ointment as registered .	agent and agr ve to the prop ns of my posi filed to mere ity company l	ree to act in this capaci er and complete perfor tion as registered agen ly reflect a change in th ias been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

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

INHS18(10/99)

**FILING FEE: \$25.00**