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February 5, 2003

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

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

Dear Sir or Madam:

Re: Mark Wilson, LLC

Enclosed please find one original and one copy of the Statement of Change of Registered Office or Agent for Limited Liability Company. Also enclosed is a check in the amount of \$25.00 for the filing. Please date-stamp the copy and return to me in the enclosed envelope.

If you have any questions, please call 414-298-8286. Thank you.

Yours very truly,

Lynn T. Werther

Paralegal

MW\945251LTW:MCL

Enc.

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 limite	d liability company	is: <u>Mark</u>	Wilson,	LLC			
2. The mailing address of Davie, Florida 33		company is :	10910	Cameron	Court,	#206	
3. Date of filing/registrati	on in Florida		4. Docu	ıment nun	nber	·	
5. The name of the register Florida Department of S	red agent and the reg	gistered offic	e address a	s shown o	on the rec	ords of	the
	Mark Wilso	n			N SE	03	
	109 Саше	Name ron Court, Address	#206		LAHASS	FEB 10	7]
	Davies, Fl		4		— ت	. 0	
	Ci	ty, State and	Zip			· 3	U
6. The name and address of	of the new registered	l agent and/or	office:		ORIDA ORIDA	13 To 15	
	Mark Wilson	ı				S	
	10910 Cam	Name eron Court	, #206				_
	Florida street addr	ress (P.O. Box	NOT acc	eptable)			
	Davie,	FL 33	324			٠,	
	City	, State and Z	p				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are the registered agent beby confirmed that of d liability company of the limited liability	made, the FI will be identithe change(s) or as otherwise company.	orida stree cal. Or. ir	t address	of the reg of a Flori	istered da limi	office ted
(Signature of a member or authori	zeo representative of a mer	moer)					
James A. Pellegrini,		resentativ	e				
(Printed or typed name of signee)			_				
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relat d accept the obligati his document is bein that the limited liab	l agent and a tive to the pro ons of my po og filed to me ility company	gree to act per and co sition as re rely reflect has been	in this ca emplete pe gistered d a change notified in	pacity. I erforman igent as i in the re i writing	further ce of m provide gistered of this	agree to y duties, d for in d office change.
MARK WILSON							
(Signature of Registered Agent)							

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