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390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FLORIDA 32801 P.O. BOX 4961 (32802-4961) TELEPHONE: 407-839-4200 FACSIMILE: 407-425-8377 www.broadandcassel.com

HELEN BROCK FORD DIRECT LINE: (407) 481-5222 DIRECT FACSIMILE: (407) 650-0952 EMAIL: bford@broadandcassel.com

September 15, 2004

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Hastings Garage Door Co., LLC

Dear Sir/Madam:

Enclosed for filing, please find the original and one (1) copy of the Statement of Change of Registered Office or Registered Agent or Both for Hastings Garage Door Co., LLC. Also enclosed is our firm's check in the amount of \$25.00 covering the filing fee for such change. Please return a filed copy of the enclosed to the undersigned at your earliest convenience. Thank you.

Sincerely,

Paralegal

/hbf

Enclosures

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 liab	bility company is:	Hastings Garage Door Co.	, LLC		
2. The mailing address of the					
Florida 32809		·			
2/14/03		L03000005916			
3. Date of filing/registration in Florida		4. Document num	ber		
5. The name of the registered a Florida Department of State: Ka	gent and the regist thleen M. Foust	ered office address as shown o	n the records o	of the	
17	S. Orlando Aven	Name ue			
Address Kissimmee, Florida 34741 City, State and Zip			Z S	04 SEP 17	Em Marina
6. The name and address of the new registered agent and/or office:					=
George Hastings			SEE FLORIDA	7	
200	Name 2003 Viscount Row			PM 4: 02	Autor
Flo	orida street address	(P.O. Box NOT acceptable)	S _m	N	
Orla	ando	FL 32809			
	City, St	ate and Zip			
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby the members of the limited liab the operating agreement of the	e or changes are ma egistered agent will confirmed that the oility company or a limited liability co	ide, the Florida street address of legisler identical. Or, in the case of change(s) was/were authorized so otherwise provided in the art impany.	of the registere of a Florida lin I by an affirma	d offi nited tive v	ote of
(Signature of a member or authorized re	presentative of a member)			
George Hastings, co-Mana	ger/Member				
(Printed or typed name of signee)					
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this dadress, I hereby confirm that (Signature of Registered Agent)	nt as registered ag all statutes relative cept the obligations ocument is being fi the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I juring rformance of ingent as provide in the register writing of this	er agr my du led foi red off s chan	ee to ties, c in ice ge.

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

INHS18(10/99) FILING FEE: \$25.00