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M. THOMAS

JUL - 9 2008

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations			
SUBJECT:	Emnanuel, UC (Name of Limited Liability Company)	-	
Dear Sir or Madam:			
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.	Q.	
Please return all correspondence concerning this matter to the following:			
Craig Terpe (Name of Person)	ting	THISSEE FLORIDA	
(Firm/Company)	 		
MapleS, FL (City/State and Zip C	34/04 Code)		
For further information concerning	this matter, please call:		
(Name of Person)	at (239) 465- 6702 (Area Code & Daytime Telephone Number)	_	
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the	e 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.

1. Name of the limited liability company:	mmanuel, LCC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1011 Tivoli Prive Naples, FL 34104		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sqn.e		
3. Date of filing/registration in Florida	L030000 17563 4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	Craig R. Terpening, Esq.		
Registered Office Address:	Maples, FL 34104		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Craig K. Terpening, E. V. 1011 Tivali Vrive Raples ,FL 34109		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.		

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

INHS18 (05/08)

(Signature of Regi