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(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SAFLAHASSEE, FLORIO

T. CLINE

JUL 14 2009

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COSTPRO, LLC Name of Limited L	iability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Educated Lindsay Name of Person Costero LC Firmtompany 1940 North gate Blvd Address SALASOTA FC 34234 City/State and Zip Code ed737@comcast_vert E-mail address: (to be used for future annual report notification)	SECRETARY OF STATE FALLAHASSEE, FLORIDA Ste: B
For further information concerning this matter, please	e call:
Edward Lindson at (94)	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
\$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 608.3 liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: <u>COSTELL</u>	0,22
2. (a) Principal office address of limited liability compan	y: 350 S. S. HORE DR.
(Note: MUST BE STREET ADDRESS)	SARASOTA, FL34234
(b) Mailing address of limited liability company:	350 S. SHIEE DR.
(Note: MAY BE POST OFFICE BOX)	SARASOTA, FL 34234
5/27/2003	FIN 81-061.4525
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Edward Lindson
Registered Office Address:	350 S. SHORE TOR. SAGASOTA, FL 342343
	- Con in the second se
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Registered Agent:	N/A
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1940 NOCTHGATE BLUD, STE; B-6 SARASOTA FL 34234
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member. EDMAN LINDSAY Printed or typed name of signee	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the providing tandle and familiar with and accept the obligations of my provide and tandle and tandle are the obligations of my provide and tandle are the obligations of the obli	agree to act in this capacity. I further agree to roper and complete performance of my duties.
Chapter 608-F.S. Or, if this document is being filed to me address Thereby confirm that the limited liability compar Signature of Registered Agent	roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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