403000037a02

(Requestor's Name)	
(Address)	ļ
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
	l
L03-37202 (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

2004 HAR 26 P 3 14



200028000742

02/10/04--01018--005 **35.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

2004 MAR 26 P 3: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 11, 2004

GARY C. HEISER 558 HOLLY DRIVE LLC 2678-B RICHARD ROAD NORTH PALM BEACH, FL 33403

SUBJECT: 558 HOLLY DRIVE, LLC

Ref. Number: L03000037202

We have received your document for 558 HOLLY DRIVE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 104A00011805

TRANSMITTAL LETTER

FILED

TO: Amendment Section Division of Corporations

2004 MAR 26 P 3: 14

UBJECT: 558 Holly Drive LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA

DOCUMENT NUMBER: <u>L03000037202</u>

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:

Gay C. Heiser

(Name of person)

558 Holly Drive LC

(Name of firm/company)

2678-B Richard Road

North Palm Beach FL 33403

(City/state and zip/code)

For further information concerning this matter, please call:

Oary C. Heiser at (56) 844-8038 (Area code & daytime telephone number)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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 of the limited liability company is:

1. The name of the limited liability company is:

558 HOLLY DEVE LLBECRETARY OF STATE TALLAHASSEE. FLORIDA

1. The name of the limited	d liability company	ris:53	58 HOLLY	DRIVE	L_&I	CRETARY OF		
2. The mailing address of	the limited liability	y company is	: 2678-	B RICH	HAPD	ROAD.		
	PARK , FI							
09 30 03			L03000037Z0Z					
3. Date of filing/registration in Florida			4. Docume	4. Document number				
5. The name of the register Florida Department of S	State:	_	ce address as sl		records	of the		
		Name	111/2/2/					
	215	NORTH	EFRERN.	Lhas				
		Address	FEDERAL	1.744				
	BOCA	RATON,	FL 3343; [Zip	V				
	C	ity, State and	Zip					
6. The name and address of	of the new registere	d agent and/	or office:					
	GARY	c He	ISEP					
		Name						
_	2768-B	RICHA	2D Parp					
	Florida street add	iress (P.O. Bo	ox NOT accept	able)				
	LAKE A	rk fl	33403 Zip					
	Cit	y, State and I	Zip					
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 fundement of	ange or changes an	e made, the I t will be iden	Florida street ad	ldress of the	register	ed office		
(Signature of a member or authorize	zed representative of a me	ember)						
GARY C (Printed or typed name of signee)	HEISER		_					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, FE for, if the address, I hereby don't im	ntment as registere s of all statutes rela l accept the obligat us document is bei that the limited lial	d agent and a stive to the pi tions of my p ng filed to m bility compar	agree to act in toper and composition as regiserely reflect a cong has been not	this capacity lete perforn tered agent t hange in the ified in writi	o. I furth iance of as provi e registe ing of th	ter agree to my duties, ded for in red office is change.		
(Signature of Registered Agent)								

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

INHS18(10/99)

FILING FEE: \$25.00