## L03000037476

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





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O4 DEC -7 PHI2:

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303 PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 12-07-04

NAME: WERENA FINANCE LTO CO

TYPE OF FILING: CHANGE OF RA

COST: \$25

**RETURN:** 

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

ABBIE/PAUL HOD

## 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.

agent, or both, in the state	•		
1. The name of the limited	liability company is: _	Werena Finance Ltd. Co.	
		pany is: 1220 N. Market S	St., Suite 606
Wilmington, DE 19801			
09/24/2003		L03000037476	5
3. Date of filing/registration	n in Florida	4. Document nun	nber
Florida Department of St	ate: W. Rick Fletcher	red office address as shown o	on the records of the
-	360 South Shore Dr. Ac Sarasota, FL 34234	idress ate and Zip	T PAIN SO
6. The name and address of	the new registered agei	nt and/or office:	E.
	Florida Filing & Searc	ch Services, Inc.	
Name 1333 North Duval Street			
<del></del>	Florida street address (	P.O. Box NOT acceptable)	
5	Tallahassee	<sub>FL</sub> 32303	
_	City, Stat	te and Zip	
confirmed that after the cha and the business office of the liability company, it is here	inge or changes are mad ne registered agent will by confirmed that the ch liability company or as the limited liability com	der the laws of the State of Fe, the Florida street address be identical. Or, in the case nange(s) was/were authorized otherwise provided in the armpany.	of the registered office of a Florida limited d by an affirmative vote of
Janet M. Caruccio			
(Printed or typed name of signee)			
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered age of all statutes relative to accept the obligations o is document is being file hat the limited liability o	nt and agree to act in this ca o the proper and complete p of my position as registered i ed to merely reflect a change company has been notified it	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.
(Signature of Registere) Agent)		<del></del>	

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

FILING FEE: \$25.00

INHS18(10/99)