L03000046190

**35.00

2004 JUL 12 P 3: L	42 · · · · · · · · · · · · · · · · · · ·
SECRETARY OF CTAT	
(requestions rightly)	
(Address)	
(Address)	200037930212
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	00147104 04040 000 550
(Business Entity Name)	06/17/0401040006 **35
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	r. B
	ÅL
	·

Office Use Only

TRANSMITTAL LETTER FILED

TO: Amendment Section Division of Corporations	2004 JUL 12 P 3: 42
SUBJECT: LandOwners Title of Central Florida, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of corporati	on)
DOCUMENT NUMBER: L03000046190	
The enclosed Statement of Change of Registered Office/Agent and	I fee are submitted for filing.
Please return all correspondence concerning this matter to the follo	owing:
Yvette Williams	
(Name of person)	
LandOwners Title of Central Florida, LLC	
(Name of firm/compa	any)
3355 W. Vine Street-Ste. 102	
(Address)	
Kissimme, FL 34741	
(City/state and zip co	ode)
For further information concerning this matter, please call:	
	at (_407) 931-2240
(Name of person)	(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



FILED

Glenda E. Hood Secretary of State

2004 JUL 12 P 3: 42

June 21, 2004

SECRETARY OF STATE TALLAHASSEE, FLORIDA

YVETTE WILLIAMS 3355 W. VINE STREET SUITE 102 KISSIMMEE, FL 34741

SUBJECT: LANDOWNERS TITLE OF CENTRAL FLORIDA, LLC

Ref. Number: L03000046190

We have received your document for LANDOWNERS TITLE OF CENTRAL FLORIDA, 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: 004A00041072

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 liability company is: and Vunles Sitle of (word Fr
2. The mailing address of the limited liability company is: 3355 W. Vive ST., STE. 102
Kissimmee, Fl. 34741
11/2003 2000 46190
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State. Paul D. Jones, III.
Winter City, State and Zip
6. The name and address of the new registered agent and/or office:
Juette Williams 3355 W. VINE ST. ST. 102 Florida street address (P.O. Box NOT acceptable)
Kissimmee FL 3474/ City, State and Zip
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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Yam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Significure of Registered Agent)
District of Comparations B.O. Pay 6227 Tallaharras El. 22214

FILING FEE: \$25.00

INHS18(10/99)