L03000055514

(Requestor's Name)		
(Address)		
(Ada	Iress)	
(Add	11000)	
(City	/State/Zip/Phon	e #)
		_
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Condition Control	Cadificate	a a Chahua
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		į

Office Use Only



500035430925

05/07/04--01066--001 **25.00

04 MAY -7 PH 3: 24

OF STATE

ERIK C. LARSEN, P. A. ATTORNEY AND COUNSELLOR AT LAW

243 WEST PARK AVE., STE. 201 WINTER PARK, FLORIDA 32789 Tel. 407-647-2011 Fax 407-644-7045

April 30, 2004

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

Re:

Bevan Enterprises, LLC

L03000055514

Gentlemen:

Please be advised that the principal office and mailing address of the above limited liability company have been changed to the following:

830 Florida Avenue Cocoa, FL 32922

We are also enclosing herewith a Change of Registered Agent for the above company with our check for the filing fee in the amount of \$25.00.

Thank you very much.

Sincerely,

Erik C. Larsen

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: <u>REVAN_E</u>	NTFRPRISFS, LLC
2. The mailing address of the limited liability company is:	630 Florida Avenue. Cocoa, FL 32922
12/23/2003 3. Date of filing/registration in Florida	<u>L03000055514</u> 4. Document number
5. The name of the registered agent and the registered office at Florida Department of State: Erik C. Lar Name Address City, State and Zip	idress as shown on the records of the Step 201 FL 32789
6. The name and address of the new registered agent and/or of Steven Name Florida street address (P.O. Box N City, State and Zip	bevan la Avenue
If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Floricand the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise puthe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	da street address of the registered office Or, in the case of a Florida limited
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agre comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my positic Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company has	e to act in this capacity. I further agree to r and complete performance of my duties, on as registered agent as provided for in y reflect a change in the registered office as been notified in writing of this change.

d Agent) られ、Bevan Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)