## 03000056402

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: .			
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T. HAMPTON

MAR - 4 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	ECT: Lloyd Mile (Name of)	r Cabinets LLC Limited Liability Company)		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the following:		
<u>L1</u>	oyd Miller (Name of Person)			
110	oyd Miller Cabin (Firm/Company)	ets LLC		
2	4 Par Rland AVe-	. ·		
Sa	ra Sota, Fl. 34. (City/State and Zip Code)	232		
For fu	ther information concerning this mat	ter, please call:		
Lle	(Name of Person)	at ( <u>941</u> ) <u>374-0983</u> (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 amount:			
	\$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 608.508, 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 som, with state of 1 to take	
1. The name of the limited liability company is: 11040 Miller C	abinets LC.
1. The name of the limited liability company is: Loyd Miller C.  2. The mailing address of the limited liability company is: 24 Park	land Ave.
Surasota, Fl. 34232	•
2-28-08	0056402
3. Date of filing/registration in Florida 4. Document num	
5. The name of the registered agent and the registered office address as shown of Florida Department of State:  ALL Korida Firm  8/3 Deltong Blvd Ste A  Address  Deltong, Fl. 32725-7/54  City, State and Zip  6. The name and address of the new registered agent and/or office:	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 MAR -3 PM 2: 40
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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 of authorized representative of a member)

Loyd Miller

(Printed of 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 I am 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.

(Signature of Registered Agent)

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