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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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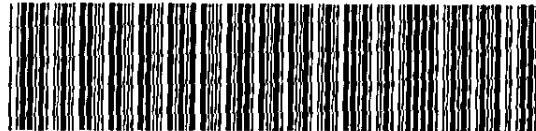
(Business Entity Name)

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J. BRYAN FEB 23 2005

## COX & ROUSE, P.A.

ATTORNEYS AT LAW

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JODI K. MUSTOE  
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\*Board Certified In  
Workers' Compensation

February 17, 2005

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Cosmetic Decking LLC

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with this firm's check in the amount of \$25.00 representing your filing fee. Please change the name of the registered agent for this LLC as indicated on the form. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Jodi K. Mustoe

JKM:ger  
Enclosure  
cc: Karrie Jensen

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Cosmetic Decking LLC
2. The mailing address of the limited liability company is : 125 N. JINKINS CIR SANFORD FL 32773  
~~236 Mockingbird Lane, Winter Springs, FL 32709~~

3. Date of filing/registration in Florida December 22, 2003
4. Document number 104000000178

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jodi K. Mustoe-Cox & Rouse, P.A.  
Name  
240 Lookout Place  
Address  
Maitland, FL 32751  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Karrie Jensen (Manager)  
Name  
236 Mockingbird Lane 125 N. JINKINS CIR  
Florida street address (P.O. Box NOT acceptable)  
SANFORD  
Orlando FL 32708 32723  
City, State and Zip

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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]  
(Signature of a member or authorized representative of a member)

FRANK R. DONNER  
(Printed or typed name of signer)

*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]  
(Signature of Registered Agent)

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