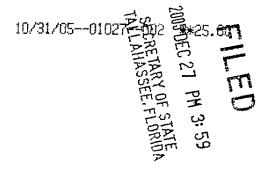


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
i <u> </u>			







104-1168



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 1, 2005

STEPHEN HOCKMANN 745 OVERIVER DR. FORT MYERS, FL 33903

SUBJECT: STEPHAN L HOCKMANN LLC

Ref. Number: L04000007768

We have received your document for STEPHAN L HOCKMANN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A seperate form must be completed to resign as registered agent.

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, pleasarcal (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 005A000657

COVER LETTER

TO: Registration Division of	on Section f Corporations	•	
SUBJECT:		HOCKMANN	
	(iname of Li	imited Liability Company)	
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	•
		L. HOCKMAN, Name of Person) ED A CAR	W SECRETAR
	700	ED A CAB (Firm/Company)	P. SEE
	743	OURIVER	R 3: 59
		(Address)	Du O
	FOR	T MUERS FO	6,33903
	(Cîty	/State and Zip Code)	
For further information	tion concerning this matter, please o	all:	
KATI	HLEEN KIRKPATH	CICK at (239) 9 (Area Code & Daytime	95 7675
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STEPHAN L. HOCKMANN U	,e
- · · -	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on <u>JANVARY29</u> and assigned document number <u>LO400007768</u>	
SECOND:	: This amendment is submitted to amend the following:	
	REMOVE KATHLEEN KIRKPATRICK AS	
	REGISTERED AGENT +SOUE MEMBER	2
	L ARE CORRECTED	
	ARY I	m
•	EFF PH	O
•	를 생 생 생 생 생 생 생 생 생 생 생 생 생 생 생 생 생 생 생	1
		=
Detail (October 24, 2005.	
Dated	<u> </u>	
	Signature of a member or authorized representative of a member	
	KATHLEEN KIRKPATRICK Typed or printed name of signee	

Filing Fee: \$25.00