## L04000008865

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only) Sales Light Horizon,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
LO4-8865				
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Office Use Only



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02/08/05--01021--005 \*\*105.00



## LAW OFFICES

## THURLOW & THURLOW, P.A.

17 MARTIN L. KING, JR. BLVD. POST OFFICE BOX IO6 STUART, FLORIDA 34995-0106

THOMAS H. THURLOW
1905-2001
THOMAS H. THURLOW, JR.
THOMAS H. THURLOW III
FERNANDO M. GIACHINO

PHONE (772) 287-0980 FAX (772) 220-0815

February 3, 2005

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Customer Satisfaction Improvement, LLC

Our File No.: 03-107.1

To Whom It May Concern:

We are enclosing herewith the following:

- 1. Statement of Change of Registered Agent for Limited Liability Company for Customer Satisfaction Improvement, LLC
  - 2. Registration for Registration of Fictitious Name
  - 3. Check in the amount of \$105.00 payable to Department of State.

Please return certified copy along with confirmation of change of Registered logent our confirmation of change of Registered logent logent our confirmation of change of Registered logent lo

Sincerely,

THURLOW & THURLOW, P.A.

Fernando M. Giachino

FMG/cr Enclosures

cc: Denise Wolf

## 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: Customer Satisfaction Improvement, LLC

2. The mailing address o	f the limited liability	company is : 27499 Riv	er View Center Blvd.,	
Suite 253, Bonita Spri	ngs, FL 34134			
January 15, 2004		L040000	L0400008865	
3. Date of filing/registration in Florida		4. Docum	ent number	
5. The name of the register Florida Department of	State: Fernando M. Giad	chino Name	shown on the records of the	
	Stuart, FL 34994	King, Jr. Blvd. Suite 200 Address y, State and Zip	<del></del>	
6. The name and address		•		
		Name Center, Blvd., Suite 25	3	
	Florida street addre	ess (P.O. Box NOT accept	table)	
	Bonita Springs,	<sub>FL</sub> 34134		
	City,	State and Zip	<del></del>	
and the business office of liability company, it is her	nange or changes are the registered agent were the registered agent were that the diability company of the limited liability	made, the Florida street ac vill be identical. Or, in the ne change(s) was/were aut r as otherwise provided in company.	ate of Florida, it is thereby ddress of the registered office e case of a Florida limited horized by an affirmative vote of the articles of organization or	
M. Denise Wolf				
(Printed or typed name of signee)			• •	
M. Ulin L	intment as registered is of all statutes relation of all statutes relation discount is being that the limited liabil	agent and agree to act in ve to the proper and comp ns of my position as regis tiled to merely reflect a c ity company has been not	this capacity. I further agree to olete performance of my duties, tered agent as provided for in change in the registered office ified in writing of this change.	
(Signature of Registered Agent)  Divisio	on of Corporations, F	P.O. Box 6327, Tallahass	ee, FL 32314	

**FILING FEE: \$25.00** 

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