

W4 0000 16614

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W4-16614  
OR

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skeffington Holdings St Lucie LLC  
(Name of corporation)

**DOCUMENT NUMBER:** 404000016614

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Skeffington  
(Name of person)

Skeffington Holdings St Lucie LLC  
(Name of firm/company)

7645 Lake Worth Road  
(Address)

Lake Worth, FL 33467  
(City/state and zip code)

For further information concerning this matter, please call:

Joel Skeffington at (561) 841-3001 ext. 306  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 8, 2004

JOEI SKEFFINGTON  
7645 LAKE WORTH ROAD  
LAKE WORTH, FL 33467

SUBJECT: SKEFFINGTON HOLDINGS ST. LUCIE, LLC  
Ref. Number: L04000016614

We have received your document for SKEFFINGTON HOLDINGS ST. LUCIE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 404A00043789

**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: Skerrington Holdings & Lucie LLC
2. The mailing address of the limited liability company is : PO Box 541569  
Lake Worth, FL 33454

3/2/04  
3. Date of filing/registration in Florida

LC04000016614  
4. Document number

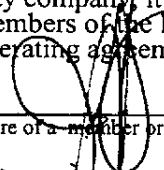
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Hillary Harrison Eulden, Esq PA  
Name  
319 Clematis Street #515  
Address  
WPB, FL 33401  
City, State and Zip

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

Joci Skerrington  
Name  
7645 Calce Worth Rd  
Florida street address (P.O. Box NOT acceptable)  
Lake Worth FL 33467  
City, State and Zip

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 or authorized representative of a member)

Joci Skerrington - mgem  
(Printed or 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