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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

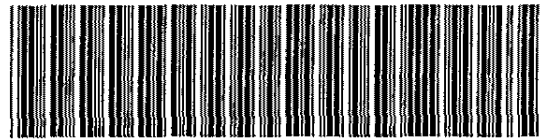
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FILED
APR 20 2005
TALLAHASSEE, FLORIDA

COX & ROUSE, P.A.

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*Board Certified In
Workers' Compensation

April 15, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: William E. Austin Carpentry LLC

Dear Sir/Madam:

We are the designated registered agent regarding the above LLC. Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. We have enclosed this firm's fee 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:gcr
Enclosure
cc: William E. Austin

05 APR 20 AM 10:46
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: William E. Austin Carpentry LLC

2. The mailing address of the limited liability company is: _____

1034 Foggy Brook Place, Longwood, Florida 32750

April 5, 2004 _____ 104000028608 _____

3. Date of filing/registration in Florida 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:

Jodi K. Mustoe, Esquire
Name

Cox & Rouse, P.A. 240 Lookout Place
Address

Maitland, FL 32751
City, State and Zip

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

William E. Austin (Manager)
Name

1034 Foggy Brook Place
Florida street address (P.O. Box NOT acceptable)

Longwood FL 32750
City, State and Zip

05 APR 20 AM 10:46
TALLAHASSEE, FLORIDA

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)

William E Austin
(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