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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: L & 5 Enterp (Name of)	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Andrew Luckey (Name of Person)	 	
L&S Foterprises (Firm/Company)	South Florida, LLC TARCAHASS	(C.)
1551 Forum Place (Address)	SSEE, FLORIDA	
West Palm Beach FL (City/State and Zip Code)	33401	
For further information concerning this matter	er, please call:	
(Name of Person)	at (561) 681-9200 (Area Code & Daytime Telephone Number))
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)