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2005 SEP 26 PM 2: 22
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A SPRYMAN OCT 3 2005

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SCAL Developers LLC (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 follow	ving:	
Vince Arrigo (Name of Deson)		
SCTL Developers LLC (Firm/Company)	MS SEP 28	
PO BOD 1843 (Address)	SSEE, FLO	
Palmetto, 71. 34220 (City/State and Zip Code)	RIOA	
For further information concerning this matter, please call:		
(Name of Person) at (941) 52 (Area Code)	26 - 6069 le & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	ection rporations	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$55 Filing F	ee & 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.

	ZA-1. (T) 1 - 1 - 1 - 1 - 1
1. The name of the limited liability company is:	5CFL Developens, LC
2. The mailing address of the limited liability com	pany is: PD (50X 1843)
Palmotto, 42. 34220	
1/3/104	12420048897
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registe Florida Department of State:	red office address as shown on the records of the
Erradentar	Adress 1. 34208 Tate and Zip
6. The name and address of the new registered age	nt and/or office:
Chuck M	Pincers \$25 L
Palmetto	P.O. Box NOT acceptable) FL 3433 te and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the c	le, the Florida street address of the registered office
Vance 172	
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	·
<u> </u>	nt and agree to act in this capacity. I further agree to of the proper and complete performance of my duties, of my position as registered agent as provided for it does not the registered office company has been notified in writing of this change.
	Box 6327, Tallahassee, FL 32314
arranda, or corporations, rec-	

FILING FEE: \$25.00