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SECRETARY OF STATE FLORIDA

JUN 26 AN 8: 2

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: L&R CONSTRUCTION (Name of	AND DEVELO		·
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change	and fee(s) are submitted	for filing.
Please return all correspondence concernis	ng this matter to	the following:	
JAMES BARROW, ESQ. (Name of Person)		-	
TAMPA BAY LAW GROUP (Firm/Company)		_	
485 MARINER BOULEVARD			O6 JUN 26 SECRETAR FALLAHASS
(Address) SPRING HILL, FL 34609		_	
(City/State and Zip Code)		-	8: 25 STATE LORIDA
For further information concerning this m	atter, please call	;	2 01
JAMES BARROW	at (352) 683-1220	
(Name of Person)		(Area Code & Daytime T	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314	
Enclosed is a check for the follow	wing amount:		
\$1\$25 Filing Fee	□ \$5	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.

agoin, or som, in the state of the terminal	·	
1. The name of the limited liability company is:	L & R CONSTRUCTION AND DEVELOPMENT, LLC	
2. The mailing address of the limited liability con	npany is: 11296 WARM WIND WAY, WEEKI WACHEE,	
FLORIDA 34613-6513		
07/15/2004	L04000052636	
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:

SAPP, ROBERT E.
Name
132 FOREST WOOD CT.
Address
SPRING HILL, FL 34609
City, State and Zip

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

APP, ROBERT E.	
Name 1296 WARM WIND WAY	TAL.
Florida street address (P.O. Box NOT acceptable)	ER S
VEEK! WACHEE, FL 34613-6513	
City, State and Zip	m _C :

If the limited liability company is not organized under the laws of the State of Florida, it is heteby confirmed that after the change or changes are made, the Florida street address of the registered offices and the business office of the registered agent will be identical. Or, in the case of a Florida included 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)

(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. Thereby 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 FILING FEE: \$25.00

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