## LD400054628

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**EXAMINER** 



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## COVER LETTER

Division of Co	orporations				
SUBJECT:	Winter Sprin				.C.
	Name of L	imited Li	ability Cor	npany	
Dear Sir or Madam:					
The enclosed Registe	red Agent/Registered O	ffice Char	nge and fe	e(s) are subm	itted for filing.
Please return all corre	espondence concerning	this matte	r to the fol	llowing:	
Wil	liam R. Sumner, Jr.				
	Name of Person		<del></del>		
Winter Spring	gs Roofing and Repai Firm/Company	ir, LLC.			
	125 Lisa Loop				
	Springs, Florida, 3270 ty/State and Zip Code	)8			
tan	narasmnr@aol.com used for future annual report no				
E-mail address: (to be	used for future annual report no	otification)			
For further information	on concerning this matte	er, please	call:		
Tamar	a Sumner	_ at (4	07)	908	-2043
Name o	f Person		Агеа Со	de & Daytime Tel	lephone Number
Registration Se Division of Co Clifton Buildir	rporations ng e Center Circle		Registration Division o P.O. Box 6	f Corporations	
Enclosed is a	check for the followin	ig amoun	t:		
<b> √</b> \$25 Filing	Fee		] \$55 Filir	ng Fee & Cert	tified Copy

TO: Registration Section

## 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. Name of the limited liability company:	Winter S	prings Roofing and R	tepair, LLC.		
2. (a) Principal office address of limited lia	bility company	: <u>125 Li</u> s	sa Loop		
(Note: MUST BE STREET ADDR	RESS)	Winter Springs, FL 3270	08		
(b) Mailing address of limited liability c	ompany:	125 Lisa Loop			
(Note: MAY BE POST OFFICE L	<u>Y BE POST OFFICE BOX</u> )		Winter Springs, FL 32708		
July 23, 2004	<del>_</del>	L04000054	628		
3. Date of filing/registration in Florida		4. Document number			
5. (a) Registered Agent and Registered Of	fice shown on t	he records of the Florida D	ept. of State:		
Registered Agent:		William R. Sumner, Jr.	<del></del>		
Registered Office Address:		125 Lisa Loop Winter Springs, FL 32708			
(b) Enter name of <u>NEW Registered Ag</u> <u>NEW Registered Agent:</u>	ent and/or <u>NE</u> V	V Registered Office addre	<u>ess</u> :		
<del></del>		125 Lisa Loop			
NEW Registered Office Address: (MUST BE FLORIDA STREET A.	DDRESS)				
		Winter Springs			
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the of the members of the limited liability comport the operating agreement of the limited liability comports	ent will be ident at the change(s) cany or as other ability company	aws of the State of Florida, lorida street address of the ical. Or, in the case of a Flowas/were authorized by an wise provided in the article.	, it is hereby registered office orida limited affirmative vote s of organization		
William R. Sumner, Jr.  Printed or typed name of signee		<u>.</u>			
I hereby accept the appointment as registe comply with the provisions of all statutes re and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is b address, I hereby confirm that the limited li	tative to the pro ations of my po eing filed to me ability compan	gree to act in this capacity. Sper and complete perform sition as registered agent a rely reflect a change in the y has been notified in writi	I further agree to ance of my duties, is provided for in registered office ngat this change.		
Signature of Registered Agent	ren_		O APR		
Division of Corporation F	ns, P.O. Box 63 ILING FEE: \$2	27, Tallahassee, FL 3231 25.00	30 PM		
INHS18 (05/08)			CS No F		