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**25.DD

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the Stat	ns of sections 608.416 or 608.50 s the following statement in order e of Florida.	8, Florida Statute to change its reg	es, the undersigned limi gistered office or register	ted red
1. The name of the limite	d liability company is: DTL, L.L	.c.		
	the limited liability company is:		land Estates,	
Clearwater, Florida 33		· ·	· · · · · · · · · · · · · · · · · · ·	
pending				
3. Date of filing/registrati	ion in Florida	4. Document nu	ımber	
	red agent and the registered office			
•	Michael C. Berry, Sr., Esq.			-
	Name 1106 N. Fort Harrison Avenue	, Suite 1		,
Address Clearwater, FL 33755				
	City, State and Z	ip	<u>-</u>	-
6. The name and address of	of the new registered agent and/or	office:	-	
	Larry Holzer			
	130 Leeward Island Estates	- mark and	L 10	
	Florida street address (P.O. Box	NOT acceptable)	HAS A	i
	Clearwater FL 3376	7	(A) (B)	
	City, State and Zip)		
confirmed that after the chand the business office of liability company, it is her the members of the limited	pany is not organized under the lavange or changes are made, the Flo the registered agent will be identice by confirmed that the change(s) version of the limited liability company or as otherwise the limited liability company.	rida street address al. Or, in the case vas/were authorize	s of the registere Possice e of a Florida limited ed by an affirmative yote	of
(Cionatura Danashara and and		• • • • • • • • • • • • • • • • • • •	· ·	
(Signature of a member of author)	zea representative of a themper)			
Larry Holzer (Printed or typed name of signee)	,	,		
, ,	ntwant as registered egent and age	rea to act in this a	anacity I finished acres t	
comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntinent as registered agent and age s of all statules relative to the prop l accept the obligations of my posi- his document is being filed to mere that the limited liability company l	ee to get in inis co ver and complete p tion as registered viy reflect a chang has been notified i	upacity. I juriner agree herormance of my duties, agent as provided for in e in the registered office in writing of this change.	U.

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00