## 04000056858

(Requestor's Name)
P.O. Box 12214
(Address)
11214 Grovewood Ave
(Address)
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(City/State/Zip/Phone #)
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## 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. The name of the limited liability company is:	LASS, LLC
2. The mailing address of the limited liability company is:	P.O.BOX 12214 GROVEDOWD AVE.
ThoNOTOSASSA, FL. 33592	<u> </u>
3. Date of filing/registration in Florida	LO4 0000 56858 4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on the records of the
MARGA R. Shefma Name	a N
212 D. BAY Hills Address	Blud
SAFETY HARROE FL. City, State and Z	34695 A B
6. The name and address of the new registered agent and/or of	SSE
Name 12214 Grovewood 1 Florida street address (P.O. Box	AV NOT accentable) Property Services 22
Thousasseer address (F.O. Box  Thousasses ASSA FL  City, State and Zip	33595
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) when members of the limited liability company or as otherwise the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typedmame of signee)	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited
I hereby accept the appointment as registered agent and agreement with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company is	ree to act in this capacity. I further agree to er and complete performance of my auties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.

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

**FILING FEE: \$25.00** 

Registered Agent)