



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARCIA'S LLC  
(Name of corporation)

**DOCUMENT NUMBER:** L04000077664

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

PATTI MOSCOW  
(Name of contact person)

JAMES ALLEN EA  
(Firm/Company)

1621F EDGEWOOD DRIVE  
(Address)

LAKELAND, FL. 33803  
(City/state and zip code)

For further information concerning this matter, please call:

PATTI MOSCOW at ( 863 ) 683-1968  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 SEP 26 AM 10:17

FILED



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 15, 2005

PATTI MOSCOW  
1621F EDGEWOOD DRIVE  
LAKELAND, FL 33803

SUBJECT: MARCIA'S LLC  
Ref. Number: L04000077664

We have received your document for MARCIA'S LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 205A00057101

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 SEP 26 AM 10:17

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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: MARCIA'S LLC  
2. The mailing address of the limited liability company is : 136 LOWELL ROAD  
WINTER HAVEN, FLORIDA 33884

10/26/2004 L04000077664  
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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL. 32301

City, State and Zip

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

MARCIA LANG

Name

136 LOWELL ROAD

Florida street address (P.O. Box NOT acceptable)

WINTER HAVEN FL 33884

City, State and Zip

FILED  
05 SEP 26 AM 10:17  
REG. SEC. BY F. STATE  
TALLAH. SEC. FLORIDA

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

Marcia J. Lang  
(Signature of a member or authorized representative of a member)

Marcia J. Lang  
(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, I hereby confirm that the limited liability company has been notified in writing of this change.*

Marcia J. Lang  
(Signature of Registered Agent)

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

FILING FEE: \$25.00