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## National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

### FILING REQUEST

February 16, 2006

#### FLORIDA SECRETARY OF STATE

Type of Filing:

**CHANGE OF REGISTERED AGENT** 

Subject(s):

**LIGHT BULB DEPOT 29** 

Form(s) Enclosed:

STATEMENT OF CHANGE/ REGISTERED AGENT OFFICE.

Supporting Documents(s):

NONE

Check Enclosed:

CHECK# 1934

FOR \$ 25

Return Via:

REGULAR MAIL

Filing Method:

**ASAP** 

#### PLEASE RETURN TO:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

KAREN REDMAN

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

Pursuant to the provis liability-company subn agent, or both, in the Si	nits the following si	08.416 or 608.508, tatement in order to	Florida Statutes, change its regis	, the undersigned lit tered office or regis	mited stered
1. The name of the lim	, and the second	ny is. Light Bulb Dep	oot 29, LLC		
2. The mailing address				lando, FL 32807	
12/16/02		L	_04000091047		
3. Date of filing/registration in Florida		<del></del> - <del>_</del>	4. Document number		
5. The name of the regi Florida Department	stered agent and the of State:	e registered office ad	ldress as shown or	n the records of the	
•	Form - A-Corp, L	LC			
		Name	<u> </u>	10.0	
	100 Village Squa	re Crossing, Ste 103		2006 FED 20 SECRETARY ALL CAMPSE	\$10° 55 <b>%</b>
		Address		三流 图	ا ا موجودین
	Palm Beach Gar	dens, FL 33410-4531		70 N	
	<del>-</del>	City, State and Zip			
6. The name and address	ss of the new registe	ered agent and/or off	ice:		چالفند سید
	NRAI Services, In	ic.		9	
	2731 Executive P	Name			
			OT a serve la la \		
	rioliua siteet a	ddress (P.O. Box N	OT acceptable)		
	Weston	FL 33331			
	(	City, State and Zip			
If the limited liability c confirmed that after the and the business office liability company, it is the members of the lim the operating agreement (Signature of a member or and	change or changes of the registered ag hereby confirmed the ited liability compatt of the limited liab	are made, the Florident will be identical, at the change(s) was ny or as otherwise polity company.	la street address o . Or, in the case o s/were authorized	of the registered offic of a Florida limited by an affirmative vo	ote of
Rick Jones, Secretary					
(Printed or typed name of sign	,	y , y			
I hereby accept the app comply with the provisi and I am familiar with Chapter 508, F.S. Or, address, I hereby confi- NRAVServices. Inc.	<del></del>	ered agent and agree elative to the proper gations of my positio being filed to merely lability company ha	e to act in this cap cand complete per on as registered as reflect a change s been notified in	acity. I further agre rformance of my dut gent as provided for in the registered offi writing of this chang	e to ies, in ce ge.
(Signature of Registered Agen	*)				

(Signature of Registered Agent)

Karen Redman, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**