## L05000001942

(Requestor's Name)	
(Address)	· 
(Address)	
(Address)	
(City/State/Zip/Phone #	()
PICK-UP WAIT	MAIL
(Business Entity Name)	)
(Document Number)	
Certified Copies Certificates of	f Status

Special Instructions to Filing Officer:

L. SELLERS

JUN 16 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

D	ivision of Corporations		
SUBJEC	T:8W	Avenue L	11C
		Name of Limited Lia	bility Company)
Dear Sir	or Madam:		
The encl	seed Degistered Agent/Degi	stored Office Change	and fee(s) are submitted for filing.
THE CHER	sea Registerea Agent Regi	acica Office Change	and rec(s) are submitted for ming.
Please re	turn all correspondence con-	erning this matter to	the following:
			`
	Robyn P. (Name of Person)	Sherma	
***************************************	(Name of Person)		<del></del> .
	•	_	
	894 Avenu (Firm/Company)	ue LL C	
	(Firm/Company)		_
	0 0	10	
·	- P.O. Box. (Address)	69	and the control of th
	, ,		
	Palmetto	, Fr. 34	
***************************************	(City/State and Zip Coo	le)	- '
			•
For furth	er information concerning t	is matter, please call:	:
			•
	Kapen PShe	nea at 1 F27	Code & Daytime Telephone Number):
	(Name of Person)	(Area (	Code & Daytime Telephone Number)
	0	·	
84	TREET/COURIER ADDRÉ	. MA	IILING ADDRESS:
	egistration Section		istration Section
	ivision of Corporations		ision of Corporations
	lifton Building	•	. Box 6327
	661 Executive Center Circle		lahassee, Florida 32314
	allahassee, Florida 32301	2 ****	
E	nclosed is a check for the	ollowing amount:	
<b>V</b> #	l 625 Eiling Egg		S Filing Fee & Contified Conv.

Registration Section



May 20, 2008

8 TH AVENUE, LLC P.O. BOX 69 PALMETTO, FL 34220

SUBJECT: 8 TH AVENUE, LLC Ref. Number: L05000002942

We have received your document for 8 TH AVENUE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 208A00031857

Leslie Sellers Regulatory Specialist II

District of Constructions D.O. DOY (1997) II 1

## 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:	gun Svenue LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 646 9444 SUEN  St Peters burg FL. 33702
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 69 Palmetto, H. 34220
3-14-05	20-2409399
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	George R. Breeden 4306 Barreluda Dr.
Registered Office Address:	
	Tradenton 71 34208
(b) Enter name of NEW Registered Agent and/or N	
NEW Registered Agent:	Robyn P. Sherma
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	St Peters burg FL 33702
If the limited liability company is not organized under that after the change or changes are made, the Florida stoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.	the laws of the State of Florida, it is hereby confirmed treet address of the registered office and the business the case of a Florida limited liability company, it is each by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	<del></del>
Robys P. Sherma (Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posit F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been not	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, and is ion as registered agent as provided for in Chapter 608, t a change in the registered office address. I hereby ified in writing of this change.
(Signature of Registered Agent)	Egg PR
Division of Corporations, P.O. I	Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

## RESIGNATION OF REGISTERED AGENT OF 8<sup>TH</sup> AVENUE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

Currently, the registered agent for the Florida Limited Liability Company, 8<sup>TH</sup> AVENUE, LLC., is G. Robert Breeden, 4306 Barracuda Drive, Bradenton, Florida 34208. Pursuant to Florida Statutes 608.416, I, G. Robert Breeden, hereby give notice of my resignation, effective on the date indicated below, as registered agent of 8<sup>th</sup> Avenue, LLC, and by this document notifies both 8<sup>th</sup> Avenue, LLC and the Florida Department of State of such resignation.

G. Robert Breeden,

Mar 22, 2008

NOTIFICATION OF NEW REGISTERED OFFICE AND REGISTERED AGENT OF 8TH AVENUE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby gives notice of acceptance, effective on the date indicated below, of the appointment as new registered agent of  $8^{\rm th}$  Avenue, LLC, with the new registered office as indicated below, authorized by affirmative vote of the members of  $8^{\rm th}$  Avenue, LLC.

	ROB	YH AP.	SHER	MA	•
Print	name:	Ruju	Dr		
Print	Address:	646	<u> १५ प्य</u>	AVE	<u>, u</u>
		ST.	PETER	212JULG	FLA
		33	\$ <i>Jo_</i>		

THIS DOCUMENT SHALL BE FILED WITH THE FLORIDA DEPARTMENT OF STATE.

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