105000008756

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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D. BRUCE

JUN 20 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ		015 ANG			EET LLC Company		
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Register	ered Office	Change	and	fee(s) are submitted for	or filing.	
Please	e return all correspondence conce	erning this r	natter to	the t	following:		
	THOMAS CALLAH Name of Person	IAN		_			
	1015 ANGELA STREE Firm/Company	ET LLC					
	1015 ANGELA STR Address	EET					
	Address		1. 1	: '	1111676 6		****
	KEY WEST, FLORIDA	33040 🐃	, ' t			SSE I	<u> </u>
	City/State and Zip Code						T
						<u> </u>	٠.
E	TCALL154@GMAIL. -mail address: (to be used for future annual	report notificat	tion)	_		夏州 5	
	urther information concerning this			l :			
	THOMAS CALLAHAN	at (828)_	545-5058		
	Name of Person			Area (Code & Daytime Telephone N	Number	
	STREET/COURIER ADDRESS	S:	MAILING ADDRESS:				
	Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florid							
	Tallahassee, Florida 32301		141	iuius.	500, 1 1011da 52514		
	Enclosed is a check for the fo	llowing am	ount:				
	\$25 Filing Fee		S	55 Fil	ling Fee & Certified C	ору	
INHS18	B (5/08)	77.7					

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.

Name of the limited liability company:	1015 ANGELA STREET LLC					
2. (a) Principal office address of limited liability compa	ny: 1015 ANGELA STREET					
(Note: MUST BE STREET ADDRESS)	KEY WEST, FLORIDA 33040					
(b) Mailing address of limited liability company:	1015 ANGELA STREET					
(Note: MAY BE POST OFFICE BOX)	KEY WEST, FLORIDA 33040					
JAN 2004	L 0500 000 8756					
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:	YOUR CAPITAL CONNECTION, INC.					
Registered Office Address:	417 EAST VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 3230					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	THOMAS CALLAHAN 1015 ANGELA STREET 654 KEY WEST THOMAS CALLAHAN SCHOOL STREET 654 COLUMN 1015 COLUMN 10					
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company. Signature of a member or authorized representative of a member						
Printed or typed name of signce I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00