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SECRETARY OF STATE
TALLAHASSEF, FI ORION

D. BRUCE
JAN 1 5 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOUCHAND CONTRAC (Name of Limited	TOA3 L. L. C. I Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
DAUID & BOUCH AND (Name of Person)	
BOOCHAND CONTRACTOR'S LC (Firm/Company)	08 JAN 15 SECRE JAR TALLAHASS
12710 ROCK NOSE GIEN-	Lu-<
BULAO ENTUN FL 34202 (City/State and Zip Code)	PH L: 27 E. FLORIDA
For further information concerning this matter, plea	ase call:
(Name of Person) at (941) 758-8240 OR 345-579 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
325 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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: RXXIIAAO (CONTINACTUR'S LLC.
2. The mailing address of the limited liability company is: 12715 RUKNOSE GEN
BRADENTUN FL 34202
1-15-08 3. Date of filing/registration in Florida LOSOUCO 9495 4. Document number
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:
UNITED STATES (OR PORATION 4 GENTS ILL. Name
13301 WINDING OAKS BLUD SUITE A-100 Address
TAMPA FL 33612-3425 US City, State and Zip
6. The name and address of the new registered agent and/or office:
DAVIO Q JOUGHAAN Name Name SSS
Name Sp. 5
Florida street address (P.O. Box NOT acceptable)
(C)
BRADEUTUN FL 34202 SET ST
City, State and Zip
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. (Signature of a member or authorized representative of a member)
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.
(Signature of Registered Agent)

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

INHS18 (8/05)