## 105000011884

(Red	questor's Name)		
· (Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	

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JUN 11 2009

**EXAMINER** 

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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	ECT: White Marsh	LLC	
	Name of I	Limited Liability Company	
Dear (	Sir or Madam:		
The e	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	George Pantuso		
	Name of Person		
	valie wash IIO		
	White Marsh, LLC Firm/Company		
	Tana Company		
	14040		
	P. O. Box 14049		
	Address		
	0.050		
	Fort Pierce, F1 34979		
	City/State and Zip Code		
	G		
<del></del>	George@PantusoInc.Com E-mail address: (to be used for future annual report		
	,		
For f	urther information concerning this mat	tter, please call:	
	•	·	
	George Pantuso	at ( 772 ) 46198868	
	Name of Person	Area Code & Daytime Telephone Number	
	CONTRACTOR AND FOR	MAILING ADDDESS.	
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	,,	
	Enclosed is a check for the follow	ing amount;	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
	▼   az > r ming r cc	\$33 Filling For the Continued Copy	

## 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:	hite Marsh, LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	3500 Shinn Road Fort Pierce, Fl 34945
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	P. O. Box 14049 Fort Pierce, F1 34979
2-4-05 3. Date of filing/registration in Florida	L05000011884  Document number
<ul><li>5. (a) Registered Agent and Registered Office shown on the Registered Agent:</li></ul>	
Registered Office Address:	3415 S. Indian River Dr. Fort Pierce, Fl 34982
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	/ Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3500 Shinn Road Fort Pierce FL 34945
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identicated in the business of the property of the limited liability company or as otherworthe operating agreement of the limited liability company or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member  George Pantuso  Printed or typed name of signee  I hereby accept the appointment as registered agent and as complex with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the obligation of my post Chapter 608, F.S. On, if this document is being filled to mendadress. I hereby confirm that the limited liability company.  Signature of Registered Agent	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of or partical by the call of t