## L05000012949

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## BUSH ROSS AT LAW

220 South Franklin Street Tampa, Florida 33602-5330 (813) 224-9255 [Phone] (813) 223-9620 [Fax] www.bushross.com

Mailing Address: Post Office Box 3913 Tampa, Florida 33601-3913

April 19, 2005

Department of State Division of Corporations P. O. Box 6237 Tallahassee, FL 32314

Re: TAO, LLC

File No. L05000012949 Our File No. 10068.0

## Ladies/Gentlemen:

In connection with the matter referenced above, enclosed please find a Statement of Change of Registered Agent, along with our check in the amount of \$25.00 to cover the filing fee. If required, a self-addressed stamped envelope is also enclosed for your convenience.

If you have any questions or need additional information, please contact me at our toll-free telephone number (877) 875-9636.

As always, we appreciate your courteous assistance.

Sincerely,

Mark A. Basurto

MAB/ds Enclosures 344356.1

## 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. The name of the limite	d liability company is:	TAO, LLC			
		mpany is: 404 S. Newport A	venue, Suite 2,		
Tampa, Florida 33606	_				
February 8, 2005		L05000012949	)		
3. Date of filing/registration in Florida		4. Document num	4. Document number		
5. The name of the registe Florida Department of	State: Stamatakis, P.A.  2701 North Rocky P	ered office address as shown of Name Point Drive, Suite 525	n the records of the		
	Tampa, Florida 3360	Address 07 State and Zip			
6. The name and address of	•	•			
	Mark A. Basurto, Es	q.	ZIII SE		
	Name 220 S. Franklin Street		CRETY CAHA		
•	Florida street address	(P.O. Box NOT acceptable)	77 R 22		
	Tampa, City, St	FL 33602 ate and Zip			
confirmed that after the chand the business office of	the registered agent will be confirmed that the confirmed that the confirmed that the confirmed liability		of the registered office of a Florida limited		
` •	zed represemante of a member	)			
Mehdi Z. Uddin (Printed or typed name of signee)			-		
	ntment as registered ags of all statutes relative to all statutes relative the obligations his gocument is being fit that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	vacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**