

LD5000032740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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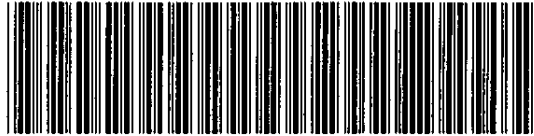
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Colligan APR 3 - 2008

Law Offices
of

GONANO & HARRELL

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AND COUNSELORS AT LAW

RIVERSIDE NATIONAL BANK BUILDING
1600 South Federal Highway, Suite 200
Fort Pierce, Florida 34950-5194
Telephone (772) 464-1032
Facsimile (772) 464-0282

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email: dgonano@gh-law.com

DANIEL B. HARRELL
email: dharrell@gh-law.com

MOLLY L. ROTTINGHAUS
email: mrottinghaus@gh-law.com

March 28, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: 4 J's Limited Liability Company

To Whom It May Concern:

Enclosed please find the following:

1. Cover Letter;
2. Statement of Change of Registered Office or Registered Agent for a Limited Liability Company;

Also enclosed is this firm's trust account in the amount of \$25.00 in payment of the filing fee.

Sincerely,

Stacy E. Consalvo
Legal Assistant to
Douglas E. Gonano, Esquire

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 J'S LIMITED LIABILITY COMPANY
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas E. Gonano, Esquire
(Name of Person)

Gonano & Harrell
(Firm/Company)

1600 S. Federal Highway, Suite 200
(Address)

Fort Pierce, Florida 34950
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas E. Gonano at (772) 464-1032
(Name of Person) (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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified 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.

1. The name of the limited liability company is: 4 J'S LIMITED LIABILITY COMPANY
2. The mailing address of the limited liability company is: 11000 Pine Creek Lane, Port St. Lucie, Florida 34986

April 4, 2005

L05000032740

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:

JEFF S. MIRET

Name

11000 Pine Creek Lane

Address

Port St. Lucie, Florida 34986

City, State and Zip

6. The name and address of the new registered agent and/or office:

JOHN H. VERNAGLIA

Name

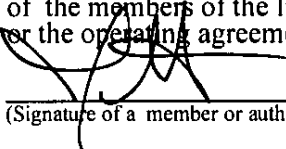
7964 Saddlebrook Drive

Florida street address (P.O. Box **NOT** acceptable)

Port St. Lucie, FL 34986

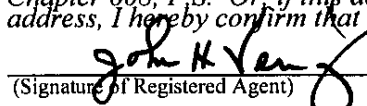
City, State and Zip

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 signer)

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA