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J. BRYAN SEP 2.0. 2006

COVER LETTER

Division of Corporations		
SUBJECT: Domek 1	. LLC	
(Nam	e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to the following:	
•		
MANIRAHA MOLLENC CDA	•	
May Beth Meyers CPA (Name of Person)		
Manage and Manage 110	06 SEP 18 AM 9: 56	
Ward and Meyers LLC (Firm/Company)		
	co co-	
3201 Hagler Avenue, Si	uite 506	
(Address)	St. Co.	
Key West, Florida 330 (City/State and Zip Code)	940	
(City/State and Zip Code)		
For further information concerning this	s matter please call	
To future information concerning this	s matter, prouse cam.	
Mary Beth Meyers CPA (Name of Person)	at (305) 293 - 0265 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS	S: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the fo	ellowing 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: _	Domek 1 LLC	
2. The mailing address of the limited liability com		
	Big Pine Key, Florida 33043.	
4/8/2005	L05 0000 34607	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State: Agents and Corpa STE E, 773 4th Names Florida	orations, Inc. Name Anne North	
City, State and Zip 6. The name and address of the new registered agent and/or office:		
Mary Beth Mey 3201 Hagler F Florida street address (ddress 34102 ate and Zip nt and/or office: /ers CPA me theore, July #506 P.O. Box NOT acceptable)	
Key West, City, Star	FL 33040 te and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the c	the He Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	
(Signature of a member of authorized representative of a member)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmation of	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office 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)

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