105000038029

(Requestor's Na	me)	
(Address)	-	
(Address)		
(188,000)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity	Name)	
(Document Number)		
Certified Copies Certific	ates of Status	
Special Instructions to Filing Officer:		
L		

Office Use Only



100185471991

100185471991 09/20/10--01050--024 **25.00



S. HAWKES

SEP 2 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions	· •
SUBJECT:		ny & William Enterprises Limited Liability Company
	Name of L	Elimica Elability Company .
Dear Sir or Madam:		
The enclosed Registered Ag	ent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all corresponde	ence concerning	g this matter to the following:
	;	
Maria Valdez		
Name o	f Person	
	liam Enterprise	es
Firm/Co	mpany	
5109 D	rury Court	·
Addn	ess · ·	, '
,		
	chey, Fl 34653	3
City/State a	nd Zip Code	
nicholas 28 E-mail address: (to be used for	7@msn.com	notification)
For further information conc	erning this matte	ter, please call:
Nicholas A Mann	ino, Jr	at (610) 639-0951
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER	ADDRESS:	MAILING ADDRESS:
Registration Section	ADDILESS.	Registration Section
Division of Corporatio	ns	Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center		Tallahassee, Florida 32314
Tallahassee, Florida 32	.301	
Enclosed is a check for the following amount:		
\$25 Filing Fee	t	\$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. Name of the limited liability company:Anth	ony & Willaim Enterprises LLC		
2. (a) Principal office address of limited liability compar	ny: 7551 Little Rd		
(Note: MUST BE STREET ADDRESS)	New Post Dishau F104054		
•	New Port Richey, Fl 34654		
(b) Mailing address of limited liability company:	7551 Little Rd		
(Note: MAY BE POST OFFICE BOX)			
(New Port Richey, FI 34654		
04/14/2005	L05000038029		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:		
Registered Agent:	Maria Valdez		
Registered Office Address:	7551 Little Rd		
	New Port Richey, Fl 34654		
(h) Futuu uuu e Chierry Daristanad Amanta adda Nii	Din Of		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	LW Registered Office address:		
NEW Registered Agent:			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5109 Drury Court		
(MUST BE FLORIDA STREET ADDRESS)	New Port Richey ,FL34653		
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. Signalure of a member or authorized representative of a member			
Nicholas A Mannino, Jr Printed or typed name of signee	<u> </u>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in the registered office ny 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