LD500053013

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS
JUL 15, 2009

EXAMINER

Office Use Only



500156775165

06/04/09--01028--005 **25.00

SECRETANY OF STATE FALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Akasha Enterprises, LLC 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:		
Janice L. Merrill Name of Person		
MDWCG Firm/Company		
315 E. Robinson St. #	550	
Orlando, FL 3280 City/State and Zip Code ZWSEQUEL@sprintmail.com		
E-may address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Janice L. Merrill at (407) 420-4411		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



June 5, 2009

JANICE L. MERRILL 315 E. ROBINSON STREET, #550 ORLANDO, FL 32801

SUBJECT: AKASHA ENTERPRISES, LLC

Ref. Number: L05000053013

We have received your document for AKASHA ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 209A00019029

Leslie Sellers Regulatory Specialist II

Division of Comparations D.O. DOV 6997 Wellaharras Florida 99914

, 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:	Akasha Enterprises, LLc
2. (a) Principal office address of limited liability compan	y: 1207 Briercliff Drive
(<u>Note: MUST BE STREET ADDRESS</u>)	Orlando, FL 32806
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
(INUIE: MAT BE POST OFFICE BOX)	
	L05000053013
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Janice L. Merrill
Registered Office Address:	2170 West State Road 434, Suite 300 Longwood, FL 32779
•	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Janice L. Merrill
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	315 E. Robinson Street, Suite 550
	Orlando, FL 32801 ,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(so the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Zulema Seguel Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the limited liability company and I am familiar with and accept the obligations of my prochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company of Registered Agent	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00