105000054508

(Requestor's Name)			
- Meriden LC			
5053 Ocean Blud #99			
- Mieriden LLC 5053 Ocean Blud #99 - Siesta Key FL 34242 -			
(City/State/Zip/Phone #)			
(only,cascalan, none ny			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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(15-59508) M RA Office Use Only			
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SECRLARY OF STATE
TALLAHASSEE, FLORIDA

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: Meriden LLC	,
	the limited liability company is: _505	
Siesta Key, FL 34242	, , ,	
5/25/05	L	05000054508
3. Date of filing/registration	ion in Florida 4.	Document number
5. The name of the register Florida Department of S	red agent and the registered office add State: Richard Gonthier	ress as shown on the records of the
	Name 6440 Curtiss Lane	
	Address Spring Hill, FL 34608 City, State and Zip	05 TAL
6. The name and address of the new registered agent and/or office:		
	Andrena Palmieri	SSEE
	7633 Highwater Dr. M-8	T acceptable)
	Florida street address (P.O. Box NO	r acceptable)
	New Port Richey FL 34655	1 GA
	City, State and Zip	
confirmed that after the chand the business office of liability company, it is her the members of the limited	f the limited liability company.	street address of the registered office Or, in the case of a Florida limited were authorized by an affirmative vote of

(Printed or typed name of signee)

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

INHS18(10/99)