L0500057252

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77 JUL 13 AM 10: 38
SECRETARY OF STATE
ALL AHASSEF FLORIDA

COVER LETTER

TO:

INHS18 (8/05)

TO: Registration Section Division of Corporations	
SUBJECT: PREFERRED CONSTI	RUCTION ENTERPRISES, LLC 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	g this matter to the following:
DEVIN NEWMAN	
(Name of Person)	 ,
ALL FLORIDA FIRM INC	
(Firm/Company)	
465 S VOLUSIA AVE SUITE C	
(Address)	
ORANGE CITY FLORIDA 32763	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
IVAN TROYER	at (941) 234-5885
(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	ing 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 limite	d liability company is:	PREFERRED CONSTRUCTION	ENTERPRISES, LLC
	t the limited liability co	mpany is : 149 GOLF CLUB LN	
NICE FL 34292			
06/09/2005		L05000057252	
3. Date of filing/registrat	ion in Florida	4. Document number	er
5. The name of the register Florida Department of		tered office address as shown on	the records of the
		RVICES INCORPORATED	
		Name	•
	1217 CAPE CORA	L PARKWAY #300 Address	
	CAPE CORAL FL 3		7 S 9
		State and Zip	ECS J
6. The name and address	of the new registered ag	ent and/or office:	FILED O7 JUL 13 AM 10: 38 SECRETARY OF STATE TALLAHASSEE, FLORID
	ALL FLORIDA FIR	M INC	SEE D
		Name	F 5:
	465 S VOLUSIA AV		08₽ 08₽ 08₽
	Florida street address	(P.O. Box NOT acceptable)	DA B
	ORANGE CITY	FL 32763	
•	City, S	tate and Zip	
المسالات والأسام والماليات		under the laws of the State of Flo ade, the Florida street address of Il be identical. Or, in the case of change(s) was/were authorized lor or as otherwise provided in the a company.	the registered office
Signature of a member or author	20000		·
Oevin Wer (Printed or typed name of signee)	uman		
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or. if address, I hereby confirm	intment as registered as is of all statutes relative d accept the obligation this document is being f that the limited liability	gent and agree to act in this capa to the proper and complete perf s of my position as registered ago iled to merely reflect a change in y company has been notified in w	city. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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