## L05-000062081

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SECRETARY OF TALLAHASSEE, F	ST/ LO	TE RIDA
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(Address)		
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## **COVER LETTER**

FILED

TO: Registration Section Division of Corporations

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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:

For further information concerning this matter, please call:

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 amount:

**▼**\$25 Filing Fee

\$55 Filing Fee & Certified Copy

## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

P 1:

_	s of the limited liability co	• •	MHMI, FL 33186
3. Date of filing/regis	tration in Florida	4. Docum	ent number
5. The name of the reg Florida Department	of State: <u>ERIC</u>	Name 101 AVEN Address 2 33157 State and 7 in	shown on the records of the  UE
6. The name and addre	ess of the new registered a	gent and/or office:	
		Name 57865 S (P.O. Box <b>NOT</b> accep FL 33/86 State and Zip	table)
confirmed that after the and the business office liability company it is of the members of the or the operating agrees	company is not organized e change of changes are more than the rogistored agent with the rogistored that the limited liability company that the limited liability thorized representative of a member of the limited liability.	nade, the Florida street a ill be identical. Or, in the change(s) was/were au or as otherwise provide y company.	ate of Florida, it is hereby address of the registered office he case of a Florida limited thorized by an affirmative voted in the articles of organization
ERIC T. RE (Printed or typed name of sig	ARDON		· - –

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