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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: FT and T L.L.C. (Name of Li	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Larry Toor	
(Name of Person)	
FT and T L.L.C. (Firm/Company)	
14640 Braddock Oaks Dr	- <u>-</u>
(Address)	
Orlando Fl. 32837	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Larry Toor	at (321 ) 228-1913
(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	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.

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1. The name of the limite				<del> </del>		
2. The mailing address o	f the limited liabilit	ty company is : 3	80 Semoran	Commerce	<u>Place</u>	
Ste B209 Apopka Fl. 3	2703					
7/20/2005			203172455	/Los-	712	 12_
3. Date of filing/registrat	ion in Florida	_	4. Document	number		
5. The name of the registre Florida Department of	State:		ddress as shov	wn on the rec	ords of	the
	Jesus Trevino			<del></del>		
	718 N Wekiva		, the state of the	- S.		
	Anonko El 227	Address		<u> </u>	OG JUL	continu
	Apopka Fl 327	City, State and Zir	)	— A:		
6. The name and address		• ,		YSSEE	$\frac{1}{2}$	Carrieri Lacrass
	Larry Toor			<u></u>	<b>3 3 3 3 3 3 3 3 3 3</b>	
	14640 Braddoc Florida street add	Name ck Oaks Dr dress (P.O. Box N	OT acceptable	LORIDA   e	2: 09 STAIF	
	Orlando	FL 3283	7			
	Cit	ty, State and Zip				
If the limited liability cor confirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme	change or changes a	re made, the Flor	ida street addre	ess of the reg	usterea (	office
Jun 7	oy		4			
(Signature of a member or author	rized representative of a n	nember)				
(Printed or typed name of signee	TOOR					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	nintment as register ns of all statutes rel nd accept the obliga this document is be n that the limited lid	ed agent and agri ative to the prope ations of my posit ing filed to merel ability company h	ee to act in this er and complet jon as register y reflect a cha as been notifie	s capacity. I le performant ed agent as p inge in the re ed in writing	further ce of my provided gistered of this c	agree to duties, for in office hänge.
· · · / ~	. / /					

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

INHS18 (8/05)

(Signature of Registered Agent)