

W5000073863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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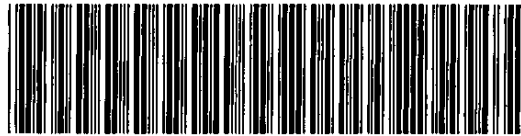
(Business Entity Name)

(Document Number)

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W5-73863  
[Signature]



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2006

ERIN RICHARDSON  
12 NORTH BLVD. OF PRESIDENTS  
SARASOTA, FL 34236

SUBJECT: BEADNIKS OF ST. ARMANDS CIRCLE, LLC  
Ref. Number: L05000073863

We have received your document for BEADNIKS OF ST. ARMANDS CIRCLE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 406A0003612

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FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEADNIKS OF SAINT ANMANOS CIRCLE 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:

ERIN RICHARDSON  
(Name of Person)

BEADNIKS OF SAINT ANMANOS CIRCLE LLC  
(Firm/Company)

12 NORTH BLVD. OF PRESIDENTS  
(Address)

SAFASOTA FL 34236  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ERIN RICHARDSON at (941) 388-5393  
(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.

1. The name of the limited liability company is: BEADNICKS OF SAINT ANMANOS CIRCLE, LLC
2. The mailing address of the limited liability company is: 12 NORTH BLVD OF PRESIDENTS  
SANASOTA FL 34236
3. Date of filing/registration in Florida 10/15/05
4. Document number 68-8013437642-2

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

THE COMPANY CORPORATION - WILMINGTON  
Name  
SUITE 400 2711 CENTERVILLE RD  
Address  
WILMINGTON DE 19808  
City, State and Zip

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6. The name and address of the new registered agent and/or office:

Thomas Richardson  
7215 Chatsworth Ct.  
University Park FL  
34201

BEADNICKS OF SAINT ANMANOS CIRCLE  
Name  
12 NORTH BLVD OF PRESIDENTS  
Florida street address (P.O. Box NOT acceptable)  
SANASOTA, FL 34236  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas Richardson  
(Signature of a member or authorized representative of a member)

THOMAS RICHARDSON  
(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.

Thomas Richardson  
(Signature of Registered Agent)

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