L0500008790a

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
08 FEB 22 PN 2: 33

J. BRYAN

FEB 2 5 2008

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Zator Group, LLC	Limited Liability Company)		
(Name of I	··		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
John Ramsey			
(Name of Person)			
		2 ¹ 2 × 2	
Zator Group, LLC		SION	
(Firm/Company)		NA FEB 22	
400 Douglas Road East, Unit I		2 688	
(Address)		PH 2: 33	
		SATIONS 2: 33	
Oldsmar, FL 34677		अ	
(City/State and Zip Code)			
For further information concerning this matt	tter, please call:		
John Ramsey	at (<u>813</u>) <u>814-5680</u>		
(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.

	3			
1. The name of the limit	ed liability company is	S: Zator Gro	up, LLC.	
2. The mailing address of	of the limited liability of	company is:	400 Douglas Road East,	Unit I
Oldsmar, FL 34677				
09/06/2005 3. Date of filing/registra	tion in Florida		L05000087902 4. Document number	,
5. The name of the regist Florida Department of6. The name and address	State: BUSINESS FILI 1203 GOVERNO TALLAHASSEE F City	NGS INCO Name RS SQUAF Address FL 32301-2 y, State and 2	RE BLVD., SUITE 101	records of the DIVISION OF CORPOR
	John Ramsey 400 Douglas Road Florida street addre Oldsmar, City,	ess (P.O. Box	NOT acceptable)	STATE ORATIONS 1 2: 33
confirmed that after the c	change or changes are if the registered agent wereby confirmed that the mited liability companit of the limited liability are representative of a mem	made, the Flowill be identing the change(s) by or as other ity company.	aws of the State of Florida, orida street address of the recal. Or, in the case of a Flowas/were authorized by an wise provided in the article	registered office
	•	agent and agive to the pro ons of my pos g filed to mer lity company	gree to act in this capacity. per and complete performa ition as registered agent a ely reflect a change in the has been notified in writin	I further agree to ince of my duties, s provided for in registered office ng of this change.

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

(Signature of Registe ed Agent)