## LOS 000088668

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(City/State/Zip/Filofie #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
<b>1</b>							





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SECRELARY OF STATE

## **COVER LETTER**

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TO: Regis	: Registration Section							
Divis	Division of Corporations							
	-							
CEID TE CID	United Acquisitions,	LLC						
SUBJECT: (Name of Limited Liability Company)								
	(14011)	Dillillo	u Diaoi	11105	Company			
Dear Sir or M	Andomi							
Dear Sir Or N	/radam:							
The enclosed	l Registered Agent/Registered	Office (	Change	and	fee(s) are submitted for filing.			
Please return	all correspondence concerning	g this m	atter to	the	following:			
	•				•			
Paul Long	(Name of Person)				•			
	(Ivalic of I cison)							
United Ac	quisitions, LLC							
	_							
	(Firm/Company)							
All Winto	umda IIdlia Augamaa							
411 VICEO	oria Hills Avenue			.*	• • • •			
	(Address)	<del> </del>			_			
* 1 **								
DeLand, F	Ylorida 32724 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		—				
	(City/State and Lip Code)							
For further in	nformation concerning this mat	ter, ple	ase call	<b>l</b> :				
Paul Long		at (	386	)	848-7285			
	(Name of Person)			(Ar	ea Code & Daytime Telephone Number)			
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section							
	iration Section ion of Corporations	Registration Section Division of Corporations						
	n Building	P.O. Box 6327						
	61 Executive Center Circle Tallahassee, Florida 32314							
	Tallahassee, Florida 32301							
			4 -					
Enclosed is a check for the following amount:								
፟ጟ \$2	\$25 Filing Fee \$\times\$ \$55 Filing Fee & Certified Copy							

INHS18 (8/05)



## 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.

agem, or oom, in the stat	e oj rioriaa.					
1. The name of the limite	d liability company is	s:United Acquisitions	, LLC			
2. The mailing address of Drive, DeLand, Fl		company is: 411 Victoria	Hills .			
9/8/05	8668					
3. Date of filing/registration in Florida 4. Document number						
5. The name of the register Florida Department of		ristered office address as show	n on the records of the			
	401 N. STONE	STREET				
		Address	05 ( SEC (AL)			
DELAND, FLORIDA 32720 City, State and Zip						
6. The name and address	•	•	ASS 27			
or the hand and address of the new registered agent and/or office.						
	PAUL LONG		3: 28 SIATE FLORID			
	/II HIGHODIA 1	Name	28 DRB 28			
	411 VICTORIA I Florida street addre	ss (P.O. Box NOT acceptable	· >			
	DELAND	FL 32724				
	City,	State and Zip	<del></del>			
confirmed that after the cland the business office of liability company, it is help of the members of the line or the operating agreement.  Signature of a member or authority.	nange or changes are the registered agent very confirmed that the street liability companit of the limited liability.	d under the laws of the State of made, the Florida street address will be identical. Or, in the case the change(s) was/were authority or as otherwise provided in the company.	ss of the registered office se of a Florida limited			
PAUL DANIE (Printed or typed name of signee)	- Le V	·				
(Signature of Registered Agent)		agent and agree to act in this ve to the proper and complete on so my position as registered filed to merely reflect a chantity company has been notified				
(Divisio	n of Corporations, P	P.O. Box 6327, Tallahassee, I	₫ <b>L 32314</b>			

FILING FEE: \$25.00

INHS18 (8/05)