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JUL - 7 2008

EXAMINER

COVER LETTER

'TO: Registration Section Division of Corporations	
SUBJECT: Trabue-Woods Economic Development (Name of Limite	lopment, LLC ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jill C. McCrory (Name of Person)	
Mizell Law Firm, P.A. (Firm/Company)	
331 Sullivan Street	
(Address)	Sold Control of the C
Punta Gorda, FL 33950	·
(City/State and Zip Code)	STATE STATE ORIDA
For further information concerning this matter, pl	
Jill C. McCrory at (941 575-9291
(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 an	nount:
✓ \$25 Filing Fee	\$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.

1. The name of the limited	l liability company is:	Trabue-Woods Economic Development, LL	С	
2. The mailing address of	the limited liability co	mpany is : PO Box 510748		
Punta Gorda, Florida 33951				
September 12, 2005		L05000089841		
3. Date of filing/registration	on in Florida	4. Document number		
5. The name of the register Florida Department of S	red agent and the regis	stered office address as shown on the re	ecords of	the
•	McCrory, Jill C. (Farr, Fa	ırr, Emerick, Hackett & Carr, P.A.)		
	00 Nochit Stroot	Name		
	99 Nesbit Street	Address		
	Punta Gorda, Flori			
		State and Zip	$\Sigma \subseteq$	90
6. The name and address o	f the new registered as	gent and/or office:	COFFETI TAHA	INF
	McCrory, Jill C. (Mize	ell Law Firm, P.A.)	85	ယ်
		Name	<u> </u>	<u>≯</u>
<u>-</u>	331 Sullivan Street	s (P.O. Box NOT acceptable)	င်္ဂ် င်္	AM 11: 50
	riorida street address	s (F.O. Box NOT acceptable)	ğâ	5
	Punta Gorda,	FL 33950	_	e e
	City, S	tate and Zip		
confirmed that after the ch and the business office of the liability company, it is her of the members of the lim or the operating agreement (Signature of member or authorize	ange or changes are methe registered agent with the confirmed that the ited liability company to f the limited liability.		egistered o orida limit	office ted
Jill C. McCrory		<u></u>		
(Printed or typed name of signee) I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered as sof all statutes relative accept the obligation his document is being that the limited liability	gent and agree to act in this capacity. e to the proper and complete performa s of my position as registered agent as filed to merely reflect a change in the ty company has been notified in writin	I further ince of my sprovided registered g of this c	agree to duties, for in office hange.
/ Division	of Corporations, P.	O. Box 6327, Tallahassee, FL 32314	ı	

FILING FEE: \$25.00

INHS18 (8/05)